

Medication Request Form

Start Date

End Date

Parent Name

Telephone

Student Name

Class

Dear Principal –

I request that my child listed above be administered the following medication whilst at school, as prescribed by my child's medical practitioner.

**Name of
Medication**

Dosage

Time(s)

Medical Condition

I have sent the medication in the original container displaying the instructions provided by the pharmacist for this short term medication.

OR

The necessary information and known side-effects regarding this long term medication is attached.

Signature

Date