



## **Medical Request Form**

St Joseph's School will only administer prescribed medication. In order to do this on your behalf, we ask that you complete this form to ensure prescribed medication is administered safely.

**Please be aware that the school cannot administer medication that has not been prescribed and that it is never acceptable for children to self-administer medication without our knowledge.**

Medicines must be in the original container as dispensed by the pharmacy.

<b>Child's name:</b>
<b>Child's date of birth:</b>
<b>Child's class:</b>
<b>Medical condition:</b>
<b>Name of medicine:</b>
<b>Expiry date:</b>
<b>Dosage, timing and method:</b>
<b>Child to self-administer (in the presence of school staff):</b> <b>Yes / No</b>



**Special precautions or instructions:**

**Any known side-effects?**

**Procedure in an emergency:**

**Your name:**

**Relationship to the child:**

**Daytime telephone number:**

**Address:**

I understand that I must deliver the medicine personally to the School Office. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

**Signature(s):**

**Date:**