

**Request to**

**CONFIDENTIAL**

**administer medication**

Pupil's name:		Class:
Address:		
Condition / Illness:		
Name / Type of Medication:		
For how long will child be required to take medication?		
Date Treatment Started	Frequency of dosage	Timing
Additional instructions / information (eg before/after food, interaction with other medicines, possible side effects, storage instructions)		
Describe what constitutes an emergency for the child, and the action to take if this occurs:		

**Emergency contact 1**

Name:	Relationship to child
Daytime tel no:	Mobile No:

**Emergency contact 2**

Name:	Relationship to child
Daytime tel no:	Mobile No:

I understand that I must deliver the medicine personally to the office and collect any remaining medication when course completed. I accept that the School/Preschool has a right to refuse to administer medication.

Signed:	Relationship to child
Name:	Mobile No:

*School/Preschool use:*

*Remaining medication returned to parent on(insert date) \_\_\_\_\_  
or disposed of via \_\_\_\_\_ on \_\_\_\_\_*