

Parent Request for Administration of Prescribed Medications at School for Students

Dear Parent or Carer

You have indicated that your child has a health condition that may require support from the school.

We wish to work with you in being able to support your child's learning, and that includes the administration of prescribed medications.

If you would like this support please complete the attached form and return it to the Front Office marked Confidential and attention to The Principal. The form should be completed on the basis of information provided by your doctor. (You may wish to discuss the information required with the doctor.) The form includes sections where you can request the administration of prescribed medication and/or other assistance.

For support regarding other medical conditions please phone the school on 65546062 to make an appointment to discuss how we may help.

When your request for support is received, discussions with the relevant staff will take place and then you will be contacted.

Please advise the school at any time if there are changes in the information about your child's health care needs or if we can assist your child further.

If you need an interpreter to assist you to contact the school, please call the Telephone Interpreter Service on telephone number 131 450 and ask for an interpreter in your language. The interpreter will call the school and will stay on the line to assist you with your conversation. You will not be charged for this service.

Yours sincerely

Jennifer Miggins
Principal

Received completed forms on:..... Parent / Carer contacted on:.....

Administration of Medication to start on:.....

Approval by Principal:.....

Original Form filed in Student Records on:.....

General Information

Name of child Date of birth

Enrolled at this school No Yes Class if currently enrolled

Current school if not enrolled

Parent/Carer Contact Information

Parent or carer 1

Name Relationship to child, for example mother

Address

Home phone Work phone Mobile

Parent or carer 2

Name Relationship to child, for example mother

Address

Home phone Work phone Mobile

Medical Practitioner Contact

Name

Address

Phone

Health/medical condition (please describe)

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Could this condition result in an emergency situation occurring?

Yes No



Request to Administer Prescribed Medication to the Student

(Note: If your child needs to take more than one prescribed medication, please attach a separate request for each medication.)

Name of prescribed medication

Name of medical condition the prescription is treating

Prescribed dosage

What are you requesting the school to do?

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Any special storage requirements eg in refrigerator?

Special instructions for administering the prescribed medication: eg must be taken with food or with a glass of water time of day to be administered

From information you have from your doctor or from your own knowledge, are you aware of any side effects from this medication?

Yes No

If yes, please provide more information

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If your child self-administers the medication at home, do you request that your child self-administers at school?

Yes No (Note: The Principal needs to approve a decision for a child to self-administer.)

If your child self-administers at home, what level of support do you provide? (Please describe)

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Name of person who will carry the medication to school

Please supply the school's Administrator of Prescribed Medications Officer with at least 2 weeks supply of medication.

Staff Administering Medication:

Request for other support:

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Parent or carer signature Date

Privacy Notice: The information requested on this form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Training for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.