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**Medical Request Form**  
**Part C – Medical / Assistance Details**

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*This Request Form is to be returned to the College as the need arises*

*This form can also be downloaded from the school website.*

Name of student \_\_\_\_\_ Current Age \_\_\_\_\_

Class Name \_\_\_\_\_ Year Level/Cycle \_\_\_\_\_

Diagnosis/condition requiring medication. \_\_\_\_\_

1. Name of Drug \_\_\_\_\_

2. Use by Date \_\_\_\_\_

3. Name of Medical Practitioner \_\_\_\_\_

4. Dosage \_\_\_\_\_

5. Frequency of Administration \_\_\_\_\_

6. Is package fully labeled? (see 4 in Part A above)

\_\_\_\_\_

7. Are there any special details we need to know?

\_\_\_\_\_

8. Name of Parent making request \_\_\_\_\_

Contact number \_\_\_\_\_

9. Name of Emergency Contact \_\_\_\_\_

Contact number \_\_\_\_\_

10. Signature of Parent \_\_\_\_\_

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**SCHOOL USE:**

Is request granted?      Yes        No   

Signature of Principal \_\_\_\_\_

Signature of Delegated Staff Member \_\_\_\_\_



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**Medical Request Form**  
**Part A – Medication Administration**

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*This Request Form is to be returned to the College*

Parents – **PLEASE READ CAREFULLY:-**

1. Parents must make written request to the school including providing instructions for support in the administration of any medication / drug, and any special needs of the student.
2. If the request is accepted as reasonable, the Principal will authorise one or more staff members to support / administer medication.
3. Only designated members of staff have this authority.
4. Medication will not be administered unless the following is complied with:

All medication must be in a container labeled by a health care professional or pharmacist, showing: (please tick check list)

- Name of drug
- Use by date
- Name of medical practitioner prescribing the drug
- Name of student
- Dosage
- Frequency of administration

5. Medication which is not so labeled must not be administered.
6. **Non-prescription medication such as analgesics (Panadol, etc) will not be administered by school staff unless the same process is followed.**
7. **No natural remedies will be administered by staff.**
8. All medication is to be kept in a lockable cupboard.
9. An official Register on the Administration of Drugs to students is to be kept by the designated members of staff.
10. The school takes no responsibility to ensure that medication is not out of date or that sufficient quantities of the medication are provided.
11. Epi pens and Asthma supports **MUST** be provided.
12. The designated members of staff are to return all unused medication to parents when the parents inform the school **in writing** that medication is no longer needed or is past the use-by-date.
13. If a member of school staff becomes aware that a student has possession of a medication without written advice from a parent, or the parent's advice is inconsistent with the medical instructions provided, he/she will secure the medication, store it securely and notify the Principal. The Principal or designated members of staff will contact the parents.

I/We \_\_\_\_\_ have read and understood the above conditions regarding medication administration.

**SIGNATURES**

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_