FORM 1

Catherine McAuley
Catholic College
MEDOWIE

REQUEST FOR ADMINISTER OF PRESCRIBED MEDICATION TO A STUDENT

(To be complete by parent / guardian)

I……..request that my son/daughter ……

of class……..be allowed to take medication at school under adult supervision according to instructions from:

Prescribing Doctor: ……

Address: ……

…….. Phone: ……

I give permission to the principal to obtain relevant information from the Prescribing Doctor.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Teacher/Student Services of any changes involving the administration of the medication.

Signed: …… Date: ……

(Parent/Guardian)