



ST. PHILOMENA'S SCHOOL

Live Justly, Lovingly, Faithfully in Christ

P.O. Box 2031, Bathurst, NSW 2795 Phone: (02) 6331 1198 Fax: (02) 6332 3976

Administration of Medication at School Parent Request Form

The completed form is to be kept on file by the Principal.

I am the responsible parent / guardian of _____, a pupil in Year _____ at St Philomena's Catholic Primary School Bathurst.

I hereby request the Principal to provide for administration of medication to _____ during school hours.

I accept full responsibility in delegating administration of the medication to the School.

The medication to be administered was prescribed by:

Dr _____ on _____ (Date)

with the following directions:

Dosage: _____

Time for administration: _____

Type of medication (name): _____

Other directions: _____

Precautions: _____

Medications should be labelled with the child's name, dosage and times of administration clearly written, when handed to the school.

Signed: _____ Date : _____