



GREENACRE PUBLIC SCHOOL

A Centre of Excellence in Student Leadership

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REQUEST TO ADMINISTER MEDICATION

Date: _____

I wish to advise the school that my child (name): _____ of class: _____
Is suffering from the following condition/illness.

(Brief description) _____

This condition/illness requires my child to take a dose of medicine whilst at school. I am requesting that staff at Greenacre Public School administer the following medication to my child.

Name of Medication: _____

Dosage Required: _____ Time to be Administered: _____

Please sign below as required (**either** short/long term)

SHORT TERM: The following conditions relate to students receiving *Short term* medication i.e, on a day to day basis for a short term condition:

1. I understand that it is the responsibility of my child to attend the office to receive this dose.
2. I also understand that the medication will need to be collected from the office at the end of the school day.

Signed: _____ Name: _____
Parent/Guardian Parent/Guardian

LONG TERM: The following conditions relate to students receiving medication on a *long term* basis i.e, those students with a diagnosed chronic condition receiving daily medication:

1. I understand that it is the responsibility of my child to attend the office to receive this dose.
2. I also understand that it is my responsibility to provide the school with the necessary medication and to ensure adequate stocks are on hand at all times.

Signed: _____ Name: _____
Parent/Guardian Parent/Guardian

Checked and completed by: _____