



St Stephen's School

ADMINISTRATION OF MEDICATION TO STUDENTS

This form must be completed for medication to be administered to your child during school hours. It has been designed to ensure the safety of your child and to protect school staff who do not have medical training.

Where possible, medication should be administered to your child at home at times other than during school hours. In order for the Principal to undertake to assist in administering medication to your child, the following requirements must be met:

All medication supplied to the school for your child must be in a container labelled by a pharmacist, showing the name of the drug, the "use by" date, the name of the student's medical practitioner, the name of the student, the dosage and the frequency of administration.

Name of Medication	
Dosage	
Time medication is to be administered	
Period for which medication is to be administered	From:..... To:.....
Name of child's doctor	
Doctor's telephone number	
Doctor's Signature maybe required	

I request administration of medication as instructed below for my son/daughter.

Full name of student: _____ Date of Birth: _____ Year Level: _____

A new **Student Medication Request Form** must be completed:

- If the dose or type of medication is altered;
- If the regime is re-started following the conclusion date of the instructions from the medical practitioner above;
- At the beginning of each new calendar year;

Signed: _____ Date: _____
(Parent or person with legal responsibility for the student)

This signed form, together with the child's medication, is to be handed into the School Office.

