



MEDICATION REQUEST FORM - CLASSROOM

Due to Department regulations we are not permitted to administer drugs of any kind, (this includes simple things like Panadol) without parental consent. Any medication needed by your child will need to be supplied by yourselves and will be administered by a teacher or First Aid trained officer. Please complete the following table to enable us to administer the correct dosage of any medicine.

CHILD'S NAME _____

GRADE: _____

Date	Medication	Amount to be Administered	Time of Dosage	Reason for medication

This individual medication dosage form with the medication/s is to be placed in a **NAMED clear plastic ziplock bag or lunchbox** and needs to be returned to the child's teacher.

I give permission for a teacher or First Aid trained officer to administer the above-stated medication to my child.

Signed: _____ (Parent/Guardian)

Thank-you for your co-operation

