



St Munchin's Catholic School

STUDENT MEDICATION / TREATMENT REQUEST/RECORD 2016

Where possible, student medication / treatment should be administered by the student or be administered by the parent/guardian at home in times other than school hours. As this is not possible in all instances, before the Principal approves school staff to administer prescribed medication / treatment to students, the following requirements must be met.

1. The doctor prescribing the medication / treatment is to be aware that school staff will administer or supervise the administering of medication to students.
2. The doctor is to provide in writing any additional information to staff regarding special requirements that may exist for the administration of the medication.
3. The doctor should provide in writing all information of any side effects of medication and consequences of providing medication when it is not necessary.

Prescribed student medication is to be presented to the Principal and should be stored in a container clearly showing the name of the student, the name of the medication, the dosage and frequency.

I _____ being the
parent/guardian of student _____ (name) _____ (class)

request that St Munchin's Catholic School administer the following medication as prescribed
by Dr _____ for the purpose of treating _____
(condition)

Permission is also given for the student's photo and medical condition to be displayed.

Name of medication: _____ Expiry Date: _____

Dose: _____ Time to be taken: _____

Contact: (school hours): Name: _____ Ph: _____

Email address: _____

Comments: _____

Signature of Parent/Guardian

Date

Notes:

1. The Doctor's written information should be attached.
2. Any additional relevant information should be attached.

FOR THE ATTENTION OF THE PRINCIPAL

Phone: 9234 7555 * Fax: 9398 1581 * Email: admin@stmunchins.wa.edu.au