



### REQUEST TO ADMINISTER MEDICATION

I wish to advise the school that my child \_\_\_\_\_ of class \_\_\_\_\_ has the following condition or illness: \_\_\_\_\_

\_\_\_\_\_ and his/her doctor has advised that he/she needs to take this medication whilst at school. I am requesting that staff of Woodport Public School administer the following medication to my child:

Dosage required: \_\_\_\_\_ Time to be administered: \_\_\_\_\_

From: \_\_\_\_\_ (date) to \_\_\_\_\_ (date)

#### PLEASE SIGN BELOW AS REQUIRED (EITHER SHORT OR LONG TERM)

**SHORT TERM:** The following conditions relate to students receiving short-term medication: ie on a day-to-day basis for a temporary condition.

1. I understand that it is the responsibility of my child to attend the office to receive this dosage.
2. I understand that it is my responsibility to provide the school with the necessary medication. I also understand that the medication will need to be collected from the office at the end of the school day if needed at home.

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**LONG TERM:** The following conditions relate to students receiving medication on a long-term basis: ie those students diagnosed with a condition which requires daily medication long-term.

1. I understand that it is the responsibility of my child to attend the office to receive this dosage.
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.

\_\_\_\_\_  
Printed name of parent/guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

Should this medication need to be taken on a regular daily basis (for example: Ritalin or Attenta, we will need to be notified of any changes in dosage or in the event the medication no longer needs to be administered.