



The Dixie Grammar School

**Request for School to Administer Medication**

The School will not give your child medicine unless you complete and sign this form and a First Aid coordinator has agreed that school staff can administer the medication.

Details of pupil:

Name \_\_\_\_\_ Class \_\_\_\_\_

Condition or illness: \_\_\_\_\_  
(If necessary please supply further information on reverse or an a separate sheet)

Medication:

Name/type of medication (as prescribed on container): \_\_\_\_\_

How long will your child take this medicine?: \_\_\_\_\_

Date dispensed: \_\_\_\_\_ Doctor Tel No: \_\_\_\_\_

Full directions for use:

Dosage and method: \_\_\_\_\_ Timing: \_\_\_\_\_

Special precautions: \_\_\_\_\_

Self-administration: \_\_\_\_\_

Procedures to take in an emergency: \_\_\_\_\_

\_\_\_\_\_

Contact details:

Name: \_\_\_\_\_ Daytime telephone no: \_\_\_\_\_

Daytime address: \_\_\_\_\_

\_\_\_\_\_

I understand that I must deliver the medicine personally to a member of staff. I accept that this is a service which the School is not obliged to undertake.

Signed: \_\_\_\_\_ Legal Parental Responsibility Dated \_\_\_\_\_