GRAFTON PUBLIC SCHOOL



Queen Street GRAFTON NSW 2460 Locked Bag No. 9024 GRAFTON NSW 2460

Phone: 02 6642 1000 (Primary) Phone: 02 6642 2286 (Infants) Fax: 02 6643 2072 (Primary) Fax: 02 6643 3590 (Infants)

Email: grafton-p.school@det.nsw.edu.au
Website: www.grafton-p.schools.nsw.edu.au
ABN: 63 145 013 268

Request for administering prescribed medication to the student

(Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.)
Student's Name:
Name of prescribed medication:
Prescribed for (name of medical condition):
Prescribed dosage:
Time for dosage:
Dosage until: Further notice / date advised
Special storage requirements if any eg. In fridge
Special instructions for administration eg. Must be taken with food or with a glass of
water
Through information you have obtained from your doctor or acquired yourself, are you
aware of any likely side effects from the prescribed medication? Please circle YES/NO
If yes, please provide more information
Any further information the school should be aware of
I authorise the school to administer the above medication and verify that I have
given the school the medication as noted
Parent/Carer signatureDate
Privacy notice: The information requested on the form is essential for assisting the school to plan for the support of your child's health

Privacy notice: The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Training for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time.