



St Joseph's School Tenterfield

Short Term Medication Request

Name of Student.....

Class.....

Prescribing Doctors Details:

Name.....

Phone Number.....

Address.....

.....



Medication Details & Instructions:

A Chemist Label must be attached to the Original medication packaging that clearly shows your child's name, and clearly states the following items. (Please complete all lines below for our records)

Name of Medication.....

Used by date.....

Dosage Details.....

Time(s) of day to be given.....

If to be given more than one day, please specify details:

.....

.....

To be kept in refrigerator: Yes No

I hereby request that the above medication be administered to my child, I confirm I have completed all Medication Details & Instructions above, and I have provided the appropriate measuring tools where required.

Signed by Parent/Guardian..... Date.....