

## Medication Request

Dear parent

You have indicated that your child has a health condition which may require support at school or when involved in school activities, for example a school excursion. While the main role of the school is to provide education, we want to work with you to keep your child healthy and safe at school.

Please complete the attached form *Request for support at school of a student's health condition*, on the basis of information provided by your medical practitioner and return it to the office. (You may wish to discuss the information required with the medical practitioner.) The form includes sections where you can request the administration of prescribed medication and/or other assistance. Please provide the following to the school

- A letter from your doctor stating the medication requirements;
- Each time medication or dosages are changed, a letter from the doctor is needed before the school can implement the change.
- Medication must be in a pharmacy dispensed Webster Pack detailing the student's name and the prescribed dosage. Up to 28 days, 5 school weeks, can be supplied in the same pack.
- We will call you when less than 3 days tablets are left to enable you to get more medication to school before we run out.
- When I receive your request for support I will need to discuss it with relevant staff.

Please advise the office in writing at any time if there are changes in the information about your child's health care needs or changes in their medication type, dose, frequency or if I can assist you.

Yours sincerely



Jonathan Ridgway  
Principal

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## Request for support at school of a student's health condition

This request form includes 4 sections:

1. Student details (page 3)
2. Request for administering prescribed medication (page 4)
3. Request for other support (page 5)
4. Parent and emergency contact details (page 6)

Please remember to sign and date the form on page 6 before returning it to the school.

### 1. Student details

First name: ..... Last name: .....

Class: ..... Date of Birth: .....

Health/medical condition:

.....  
.....

Could your child experience an emergency reaction in relation to this condition?  
(please tick) Yes ☐ No ☐

Doctor's name/medical centre: .....

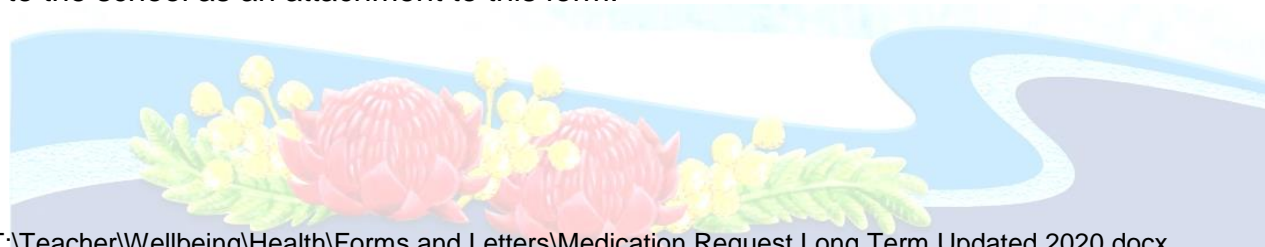
Doctor's address: .....

Doctor's phone number: .....

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child.

Allergy/medical condition	Doctor's name	Address	Telephone

If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.



## 2. 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.*

Name of prescribed medication: .....

Prescribed for (name of medical condition): .....

Prescribed dosage: .....

What are you requesting the school to do? .....

.....

Expiry date of the medication: .....

*Note: if you can't provide this information now we will need to know the expiry date when the medication is given to the school.*

Special storage requirements if any eg in refrigerator: .....

.....

Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water:

.....

Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication?

Yes ☐ No ☐ If Yes, Please provide more information:

.....

If your child administers his or her own medication at home, do you request that he or she self administers this medication at school?

Yes ☐ No ☐

*Note: the Principal needs to approve a decision for a student to self administer.*

If yes, please describe what support your child needs to administer the medication in a non emergency situation at school. You may like to include information about how you support your child at home to administer their medication.

.....



**Secure delivery of prescribed medication is important for the safety of your child as well as for the safety of other students in the school.  
Please name the adult who will carry the medication to school:**

.....  
*Note: if you are unable to deliver the medication to school, it is advisable that you nominate a responsible adult, who is not a school staff member, to transport the medication to the school.*

*Note: Your child's medication should be in a pharmacy labelled container (Original box of medication or Webster Pack) detailing the student's name and the prescribed dosage.*

### **3. Request for other support**

Please provide details of any other health care support needs of your child while they are at school and involved in school activities.

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#### 4. Parent contact details

##### 5. Primary Emergency Contact

Name: .....

Relationship to child: .....

Address: .....

Home phone: ..... Work phone: .....

Mobile phone: .....

Email: .....

##### Additional Emergency Contact

Name: .....

Relationship to child: .....

Address: .....

Home phone: ..... Work phone: .....

Mobile phone: .....

Email: .....

Parent or carer signature: ..... Date: .....

##### 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 Communities 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 by contacting the Principal.*



**Office Use Only**

- ☐ Explain to parent the student must bring a drink bottle at the correct time.
- ☐ Explain to parent medication must be in a Webster pack which details the students name and the prescribed dose.
- ☐ Up to 28 days, 5 school weeks, can be supplied in the same pack.
- ☐ We will call you when less than 3 days tablets are left to enable you to get more medication to school before we run out.
- ☐ A reminder if the dosage is changed by your doctor we need a letter from the doctor before the school can implement the change.

## After parent leaves

- ☐ Notify teacher that medication will start and they need to send student down at correct time with a drink bottle.
- ☐ Update Synergy – Student Details– Medication & Medical details.
- ☐ Add to medication schedule in EBS
- ☐ File form in Student Record Card

