



Parent Request Form For Staff To Administer Medication To Pupils

Traralgon (Kosciuszko Street) Primary School, No 4699
Phone 5174 2512

This form is required to be completed prior to any staff member administering any medication (tablets, mixtures, capsules, inhalations, etc) to children

I/We give permission for our child to be administered their medication by the designated staff member(s) as listed below. My child's medication will be clearly and correctly labeled with his name and kept in safe keeping as recorded below.

Child's Name:	
Medication:	
Dosage:	
Frequency:	
Special Instructions:	
Medication Location:	
Administered by:	
Declaration:	I/ We understand that my child should remind, within reasonable time limits, the teacher when the medication is required.
Parents Names:	
Parent Signatures:	
Date Commenced:	
Date Completed:	