



REQUEST TO ADMINISTER SHORT TERM MEDICATION

Dear Mr Blissenden,

I request that St Mary's School administer the prescribed medication listed below to my child during school hours.

Student's Name:

Class:

Prescribing Doctor:

Medical Condition:

Period of Treatment: From to

Name of Medication:

Dosage:

Times of Administration:

Special Instructions:

Self Administered: **YES** **NO**

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my own responsibility to inform the Principal on any changes involved with the administration of the medication.

Signed:..... **Date:**.....
Parent/Guardian