



# ST THOMAS' PRIMARY SCHOOL

8 Warden Street, Claremont WA 6010  
Tel: 9384 8680 Fax: 9383 2854

## PARENTAL REQUEST FOR SCHOOL ADMINISTRATION OF MEDICATION FORM

1. Where possible student medication should be administered by the student or be administered by the parent/guardian at home in times other than school hours.
2. The school will administer medication to students only if:
  - a) It is absolutely necessary.
  - b) If the child is unable to self administer. (Staff will supervise on request.)
  - c) Parents (or another adult) are unable to come to school to administer it to their child themselves.
3. After parental request and discussion, the Principal may give approval for school staff to administer prescribed medication to students, when the following requirements have been met:
  - The doctor prescribing the medication is aware that school staff will administer or supervise the administering of medication to students. The doctor is to provide all necessary information in writing regarding the administration of the medication.
  - Prescribed medication is to be presented to the Principal, stored in a container clearly showing the **name of the student, the name of the medication, the dosage and frequency.**
4. When the school agrees to administer medication it does so on the explicit request of the parent(s) on the understanding that all **care** but **no responsibility** can be accepted for missed or wrongly administered dosage.

Child's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Medication prescribed by: \_\_\_\_\_

For the purpose of treating: \_\_\_\_\_

Dosage: \_\_\_\_\_ To be administered at: \_\_\_\_\_ by \_\_\_\_\_  
(Principal to complete)

To be administered from: \_\_\_\_\_ (Date) Until: \_\_\_\_\_ (Date)

I, \_\_\_\_\_ agree to the above conditions and wish the  
(Parent/Guardian) school to administer the above medication to my  
child \_\_\_\_\_ as specified above.

**Parent Comment:** .....

**Principal's Comment:** .....

.....  
**Parent/s Signature**

.....  
**Principal (or Assistant Principal)**

**NOTE: Any additional information should be attached.**