



SEVEN HILLS NORTH PUBLIC SCHOOL

45 BEETHOVEN STREET, SEVEN HILLS 2147

PHONE: (02) 9624 1275 FAX: (02) 9838 7839



REQUEST TO ADMINISTER SHORT TERM PRESCRIBED MEDICATION

Attention: The Principal

I wish to advise the school that my child (name) _____
of class _____ is suffering from the following condition / illness (brief description): _____

This condition / illness requires my child to take a dose of prescribed medicine whilst at school. I am requesting that staff at Seven Hills North Public School administer the following medication to my child:

Medication(s): _____
(this needs to be supplied in the original packaging from the pharmacist with label showing the students name)

Reason: _____

Dosage: _____

Time: _____

Directions: _____

Additional information: _____

I understand the following:

- It is the responsibility of my child to attend the office to receive this dose.
- The medication will need to be collected from the office at the end of the school day.
- It is my responsibility to provide the school with the necessary medication and to ensure adequate stocks are on hand at all times.
- I must advise the school of any changes to the above information.

I understand that the information so disclosed may be discussed by the Principal of the school with other members of the school staff in order to assess the ability of the school to meet my child's medical requirements.

In consideration of the staff at Seven Hills North Public School, I hereby indemnify all staff against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever in respect of any personal injury or of any infringement, disturbance or destruction of any rights of any person including myself and my son/daughter/ward mentioned above arising directly or indirectly out of the aforementioned administration of medication.

NAME OF PARENT/GUARDIAN/CAREGIVER: _____

SIGNED: _____ DATE: _____