REQUEST TO ADMINISTER MEDICATION

Date: …………………………………

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 medicine whilst at school. I am
requesting that staff of Epping Public School administer the following medication to my
child.

Name of Medication: …………………………………………………………………………………………
Dosage Required: ……………………………… Time to be administered: …………………

Please sign below as required (either short/long term)

SHORT TERM: The following conditions relate to students receiving short term
medication, ie on a day to day basis for a short term condition:

1. I understand that it is the responsibility of my child to attend the office to receive
   this dose.

2. I also understand that the medication will need to be collected from the office at
   the end of the school day.

Signed: …………………………………………… Name: ……………………………………………

LONG TERM: The following conditions relate to students receiving medication
on a long term basis, ie those students with a diagnosed chronic condition
receiving daily medication:

1. I understand that it is the responsibility of my child to attend the office to receive
   this dose.

2. I also understand that it is my responsibility to provide the school with the
   necessary medication and to ensure adequate stocks are on hand at all times.

Signed: …………………………………………… Name: ……………………………………………