



## MEDICATION REQUEST FORM

Date commencing: \_\_\_\_\_ Date finishing: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Medication – dosage: \_\_\_\_\_

Medication to be given  before food  after food  
Time/s to be given  11:00 am (Recess)  
 12:40 pm (Lunch eating)  Other: \_\_\_\_\_

Does the medication need to be refrigerated?  Yes  No

### CONTACT NUMBERS

Parent Name: \_\_\_\_\_

Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Ph: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent/Guardian)

PLEASE NOTE: if your child is attending an excursion, it will be the parent/guardian's responsibility to organise medication for that day, with the classroom teacher.