



THISTLE STREET, RYDE, NSW 2112

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### ***Medications***

Parents are encouraged to request G.P. prescription medication that can be taken out of school hours. However, if it is necessary for students to take medication at school a note must be completed outlining dosage and time the medication is to be taken. Medications should be handed at the office with the correct documentation. No medications are to be left in school bags.

### ***Request for administering prescribed medication to a student***

*(Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.)*

Name on Prescription medication: .....

Name of prescribed medication:.....

Prescribed for (name of medical condition): .....

Prescribed dosage: .....

What are you requesting the school to do? .....

.....

.....

.....

Special storage requirements if any e.g. in refrigerator: .....

Special instructions for administering the prescribed medication/s e.g. must be taken with food/  
or with a glass of water: .....

Through information you have obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication?

Yes ☐ No ☐ If Yes, Please provide more information:

### ***Medical practitioner/Doctor contact***

Name: .....

Address: .....

Phone: .....

I request that the above medication be given:

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_