



## **MEDICATION REQUEST FORM**

Name of pupil

--

Date of birth

--

Class

--

Medical condition or illness

--

### **Medicine**

Name/type of medicine  
(as described on the container)

--

Expiry date

--

Dosage and method

--

Timing

--

Special precautions/other instructions

--

Are there any side effects that the  
school needs to know about?

--

Self-administration – yes/no

--

**Medicines must be in the original container as dispensed by the pharmacy**

### **Parent/Carer Contact Details**

Name

--

Daytime telephone number

--

Relationship to child

--

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature \_\_\_\_\_ Date \_\_\_\_\_

