



MEDICATION REQUEST BY PARENT/CARER FOR STUDENT WITH NOTIFIED MEDICAL CONDITION

Name of Parent/Guardian:	
Name of Student:	
Name of School:	Class:
Name of prescribing Doctor:	
Medical information / condition:	
Name of drug:	
Dose to be given:	
Time to be given:	
Signature of Parent/Guardian:	Date:

If the parent has written a letter explaining the above, the letter should be attached to this form.