



St Monica's Primary School

North Parramatta

Administration of Medication During School Hours

Dear Parent / Guardian,

The school will render whatever aid is necessary to administer medication, but it should be clearly understood that this aid is that of a lay person without medical training.

To comply with your request, the following conditions should be strictly observed:

1. It is your responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use, or when it requires replacement. **All medication provided to the school must have a pharmacy label with the student's name and administration / dosage instructions attached.**
2. The attached form must be completed before any changes to the medication and its administration can be implemented.
3. You understand that the information provided by you and the prescribing doctor may be discussed by the Principal with other members of the school staff.

Yours sincerely,

Louise O'Donnell
Principal

10 Dakin Street North Parramatta 2151

Telephone (02) 8832 4100

Facsimile (02) 9683 4984

Email stmonicasnparra@parra.catholic.edu.au

www.stmonicasparra.catholic.edu.au

Admin/Word/First Aid/Administration of Medication during School Hours



St Monica's Primary School

North Parramatta

**NOTIFICATION AND REQUEST BY PARENT/GUARDIAN FOR THE
ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

To be completed by Parent/Guardian,

I request that my child:

Full Name of Student _____

be allowed to take medication at school according to instructions from:

Full name of Prescribing Doctor: _____

Address of Prescribing Doctor: _____

Phone Number of Prescribing Doctor: _____

The medication has been prescribed for the following reason:

Administration instructions/ Dosage: _____

I hereby give permission to the Principal to obtain relevant information from the Prescribing Doctor.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medicine.

Signed: _____

Date: _____

Parent/Guardian

10 Dakŕing Street North Parramatta 2151

Telephone (02) 8832 4100

Facsimile (02) 9683 4984

Email stmonicasnparra@parra.catholic.edu.au

www.stmonicasparra.catholic.edu.au

Admin/Word/First Aid/Administration of Medication during School Hours