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,

Lisa Crampton
Principal

10 Daking Street North Parramatta 2151
Telephone (02) 8832 4100
Email stmonicasnparra@parra.catholic.edu.au ***www.stmonicasparra.catholic.edu.au***

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

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