



2022 MEDICATION REQUEST FORM

*** ALL MEDICATION MUST BE IN ORIGINAL PACKAGING ***
IF PRESCRIPTION MEDICATION SUPPLIED, STUDENT'S NAME MUST BE EVIDENT

Place medication in a ziplock bag to prevent loss/spillage

Please provide a syringe for liquid administration

STUDENTS NAME: _____ **CLASS:** _____

REASON FOR MEDICATION ADMINISTRATION: _____

NAME OF MEDICATION: _____

DOSAGE [amount]: _____

DATES REQUIRED: ___ / ___ 2022 to ___ / ___ 2022 OR ENTIRE SCHOOL YEAR

TIME/S REQUIRED

- 11.00 am [Recess]
- 1.00 pm [Before Food]
- 1.30 pm [After Food]
- As Required
- Other _____

Parent/Guardian Name Print _____
Parent/Guardian Name Sign _____ / _____ / 2022
Date

- I will pick up the medication at the end of each day.
- I will leave the medication at school until finished.
- Please leave medication at OSHC for collection.