



# 2021 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:** \_\_\_ / \_\_\_ 2021 to \_\_\_ / \_\_\_ 2021 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      \_\_\_ / \_\_\_ /2021  
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.