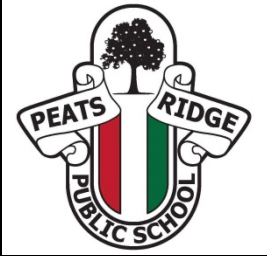


# Peats Ridge Public School

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## Request for administering prescribed medication to the student

(Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.)

Child's Name: \_\_\_\_\_

Class: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of prescribed medication: \_\_\_\_\_

Dates medication is required to be administered: \_\_\_\_\_

Prescribed for (name of medical condition): \_\_\_\_\_

Prescribed dosage: \_\_\_\_\_

What are you requesting the school to do? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special storage requirements if any eg in refrigerator: \_\_\_\_\_

Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water: \_\_\_\_\_

\_\_\_\_\_

Through information you have obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication?

Yes  No  If Yes, Please provide more information:

\_\_\_\_\_

\_\_\_\_\_

Parent/Caregivers Name: \_\_\_\_\_

Parent/Caregivers Signature: \_\_\_\_\_

Date: \_\_\_\_\_