

## MEDICATION INSTRUCTIONS FROM PRESCRIBING DOCTOR

These instructions are requested to enable the school to maintain its 'duty of care' when administering prescribed drugs to students whose condition would otherwise preclude attendance at school.

Doctor's name:			
Address:			
Telephone:			
Name of client:			
Details of medical condition:			
Name of drug prescribed:			
Drug administration details (Dose and frequency/time)			
Important adverse effects of this drug are:			
Special arrangements are necessary to administer the drug or monitor the student after drug administration:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Training of the designated officer is necessary:		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Details of arrangements / training (if necessary):			
Signature of prescribing Doctor:			
Date:			