**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.

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| Doctor’s name:  Address:  Telephone: |  | | |
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| 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 🞏 NO 🞏  YES 🞏 NO 🞏  Training of the designated officer is necessary:  Details of arrangements / training (if necessary): | | | |
| Signature of prescribing Doctor:  Date: | | |  |
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