**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 thedrug 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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