# MEDICATION REQUEST BY PARENT/CARER

FOR STUDENT WITH NOTIFIED MEDICAL CONDITION

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| Name of Parent/Guardian: | |
| Name of Student: | |
| Name of School: | Class: |
| Name of prescribing Doctor: | |
| Medical information / condition: | |
| Name of drug: | |
| Dose to be given: | |
| Time to be given: | |
| Signature of Parent/Guardian: | Date: |

If the parent has written a letter explaining the above, the letter should be attached to this form.