# MEDICATION REQUEST BY PARENT/CARER

FOR STUDENT WITH NOTIFIED MEDICAL CONDITION

|  |
| --- |
| 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.