



Medication Request Form

Child's Name: _____ Class: _____

MEDICATION INSTRUCTIONS

Name of Medication: _____

Reason for Medication: _____

Dose: _____

Times: Please tick a box and fill in date/s:

☐ Today only

☐ Until full course is taken: _____

☐ Dates Start: _____ End: _____

☐ Ongoing: _____

AUTHORISATION

I authorise that the medication as instructed above to be administered during attendance at St. Richard's.

Parent's Name: _____

Day Time Telephone Number: _____

Signature: _____ Date: _____

CESSATION OF ONGOING MEDICATION REQUEST

I authorise that the medication as instructed above to cease.

Parent's Name: _____

Signature: _____ Date: _____

Please Note:

- Medication is to be provided in the original container, displaying the instructions and recommended dosage.
- Prescription medication can only be given to your child if it has **their** name printed on it as prescribed by your doctor. We cannot administer prescription medication with a sibling or parents name on it.
- Over the counter medication must be age appropriate. For example, we cannot administer medication