



PICTON HIGH SCHOOL

Creating Opportunities Achieving Success

480 Argyle Street Picton 2571
02 4677 1242
Picton-H.School@det.nsw.edu.au

Request for administering prescribed medication to the student

Student Name: Birthdate:

Year in 20....

Parents: Name: Relationship to child.....

Address:

Home phone: Mobile: Work ph:

Name of prescribed medication:.....
MUST BE PROVIDED WITH ORIGINAL PACKAGING

Prescribed for (name of medical condition):.....

Prescribed dosage:.....

What are you requesting the school to do?.....
.....
.....

Special storage requirements if any (eg in refrigerator)
.....
.....

Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water:.....
.....

Through information you have obtained from your doctor or acquired yourself, are you aware of any likely side effects from the prescribed medication?
 Yes No If Yes, please provide more information;
.....

Name of person who will carry the medication to school:.....
.....

Parent or carer signature:..... Date.....

Privacy notice

The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Training for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.