**MEDICATION REQUEST FORM**

**DATE:**

**PARENT'S NAME:**

**ADDRESS:**

**TELEPHONE:**

**(Business Hours)**

Dear Principal,

I request that my child be administered the following medication

**(Child's Name)**

whilst at school, as prescribed by the child's medical practitioner.

**NAME of MEDICATION:**

**DOSAGE (AMOUNT):**

**TIME:**

I have sent the medication in the original container displaying the instructions provided by the pharmacist.

Yours sincere!y

(Parent Signature)

References: SOTF Reference Guide 4.5.2 Students and Medication