



Mater Christi

Catholic Primary School

NOTIFICATION OF PRESCRIBED MEDICATION

Prescribed Student Medication is to be presented to the School Office and should be stored in a container clearly showing the name of the STUDENT, name of the MEDICATION, DOSAGE and FREQUENCY

I _____ being the Parent/Guardian of
_____ Date of Birth _____ in class _____
(Student's name)

inform the school that my child needs to be administered the following medication, as prescribed
by Dr _____, or parent _____
for the purpose of treating _____ (condition)

Name of Medication: _____

Quantity Received: _____

Dosage: _____

Time of medication to be taken: _____

Comments: _____

(Signature of Parent/ Guardian)

(Date)

APPROVED BY PRINCIPAL: _____

**NOTE: Attach additional information
Bulk quantities of medication are not to be brought onto school premises**

