



Mater Christi

Catholic Primary School

NOTIFICATION OF SELF-ADMINISTRATION 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

(*student's name*)
inform the school that my child will
self-administer the following medication, as prescribed by Dr _____
for the purpose of treating _____
(*condition*)

Name of Medication: _____

Dosage: _____

Time of medication to be taken: _____

Symptoms of misuse: _____

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

DATE OF BIRTH OF CHILD: _____
(*indicate date*)

OFFICE USE ONLY

Circulation:

Class Teacher

Child's records

Destroy after: _____ (*date*)