



WOOLLOOWARE
PUBLIC SCHOOL

REQUEST TO ADMINISTER MEDICATION – LONG TERM

Child's name:..... Class:.....

Parent's name:..... Phone:.....

Address:.....

Parent's name:..... Phone:.....

Address:.....

Doctor's name:..... Phone:.....

Address:.....

I wish to advise Woollooware Public School that my child has the following **long term** condition / illness:

.....
.....

Due to this **long term** condition / illness, my child is required to take medication while at school. I request that authorised staff at Woollooware Public School administer the following medication to my child:

Name of prescribed medication	Dosage required	Time to be administered
Special storage requirements	Instructions for administering	Possible side effects

If your child self administers this medication at home, please advise if you authorise your child to self administer this prescribed medication at school: Yes No

If your child self administers their medication at home, please indicate the level of support you provide:

.....

The following conditions apply to any student receiving medication for a **long term** medical condition:

1. I understand that my child’s medication cannot be administered unless this request form is fully completed.
2. I understand it is the responsibility of my child to attend the School Office to receive this medication.
3. I understand that I must supply this medication in the exact dosages required by my child.
4. I understand that this medication must be supplied to the School Office by myself or another adult authorised by me.
5. I understand that only authorised Woollooware Public School staff will administer this medication.
6. I understand that Woollooware Public School staff will not take responsibility for measuring any doses of medication.
7. I understand that I need to inform Woollooware Public School staff immediately of any changes to my child’s medical condition or any changes in prescribed medication.

Request for any other support for my child:

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Any additional information of which Woollooware Public School staff should be aware:

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Signed:..... Date:.....

School Office Authorisation:..... Date:.....

PRIVACY NOTICE

The information requested on this form is essential for assisting Woollooware Public School to plan for the support of your child’s health needs. It will be used by the N.S.W Department of Education and Training for the development of arrangements with you to support your child’s 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 needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.



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