

# **Tallygaroopna Primary School**

## **Medication Request Form**

DATE:

PARENT'S NAME:

ADDRESS:

TELEPHONE:

(Business Hours phone and mobile)

Dear Principal,

I request that my child \_\_\_\_\_ be administered the following medication whilst at school, as prescribed by the child's medical practitioner.

NAME of MEDICATION:

DOSAGE (AMOUNT):

TIME:

LENGTH OF TIME MEDICATION IS REQUIRED:

(ONGOING OR DATES GIVEN)

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

Yours sincerely

\_\_\_\_\_  
(Parent Signature)