



Request for administering prescribed medication and/or other support at school

You have indicated that your child has a health condition which may require support at school or when involved in school activities, for example, a school excursion. While the main role of the school is to provide education, we want to work with you to keep your child healthy and safe at school.

Please complete the form, on the basis of information provided by your medical practitioner. (You may wish to discuss the information required with the medical practitioner.) The form includes sections where you can request the administration of prescribed medication and/or other assistance.

Please advise the principal at any time if there are changes in the information about your child's health care needs..

Request for support at school of a student's health condition

This request form includes 4 sections:

1. Student details
2. Request for administering prescribed medication
3. Request for other support
4. Parent and emergency contact details

Please remember to sign and date the form on page 5 before returning it to the school.

1. Student details

First name: _____ Last name: _____

Date of Birth: _____

Enrolled at this school Yes No Class if currently enrolled: _____

Current school if not enrolled:

Health/medical condition:

Could your child experience an emergency reaction in relation to this condition?

Yes No

Doctor's name/medical centre: _____

Doctor's address: _____

Doctor's phone number: _____

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child.

Allergy/medical condition	Doctor's name	Address	Phone No.

If your child has a documented plan to support any health or medical needs from a previous school or organisation (eg preschool, occasional care, etc) please provide it to the school as an attachment to this form.

2. Request for administering prescribed medication to the student

Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.

Name of prescribed medication: _____

Prescribed for (name of medical condition): _____

Prescribed dosage: _____

What are you requesting the school to do: _____

Expiry date of the medication: _____

Note: if you can't provide this information now we will need to know the expiry date when the medication is given to the school.

Special storage requirements if any eg in refrigerator: _____

Special instructions for administering the prescribed medication/s eg must be taken with food or with a glass of water:

Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication?

Yes No

If Yes, Please provide more information:

If your child administers his or her own medication at home, do you request that he or she self administers this medication at school?

Yes No

Note: the Principal needs to approve a decision for a student to self administer.

If yes, please describe what support your child needs to administer the medication in a non emergency situation at school. You may like to include information about how you support your child at home to administer their medication.

Secure delivery of prescribed medication is important for the safety of your child as well as for the safety of other students in the school.

Please name the person who will carry the medication to school:

Note: if you are unable to deliver the medication to school, it is advisable that you nominate a responsible person, who is not a school staff member, to transport the medication to the school.

For some medications and some students it can be appropriate for them to carry their own medication to and at school. For example, asthma reliever medication and pancreatic enzymes for cystic fibrosis. If your child is to carry their own medication we want to be able to support this and request some information so that we are well informed.

Note: The school may still need you to provide the school with an additional supply of the medication for storage in central location/s within the school and for use if your child needs the schools help.

Would you like the principal to consider a request for your child to carry their medication?

Yes No

Note: The Principal needs to approve a decision for a student to carry their own medication at school.

If yes, please describe where and how your child will carry this medication, for example, my child will carry it on their person in a medical pouch or bum bag.

Note: Your child's medication should be clearly labelled with their name.

3. Request for other support

Please provide details of any other health care support needs of your child while they are at school and involved in school activities.

4. Parent contact details

Name: _____

Relationship to child: _____

Address: _____

Home phone: _____ Work phone: _____

Mobile phone: _____

Email: _____

Parent or carer signature: _____ Date: _____

Privacy Notice

The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health 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 health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.