



# Arthurs Creek Primary School



## MEDICATION REQUEST FORM

Date:  /  /

Child's Name:

Parent's / Carer's Name:

Dear \_\_\_\_\_

I request that my child, \_\_\_\_\_, be administered the following  
(Child's name)  
medication whilst at school.

Name of Medication:

Dosage (Amount):

Time:

I have sent the medication displaying the instructions provided by the pharmacist and or medical practitioner.

The information collected will only be used for the purpose of management of medication.

Yours sincerely,

Parent / Carer (Signature) \_\_\_\_\_

- Attach documentation from medical practitioner if appropriate

Staff use only
