



St.Luke's School - Request for school to administer prescribed medication:

Full Name of PupilClass.....

Address
.....

Date of Birth/...../.....

Illness/Condition
.....

Name of Drug Strength of Drug

Date dispensed/...../..... Dosage and method

End date to stop administration of medication
.....

What time to administer
.....

Side effects
.....

Any other instructions / Special precautions
.....
.....

I understand that any medication must be delivered to school either by myself or my child's passenger escort. I understand medication will be sent home at the end of each school term and if it is to continue, that I will complete a new form and return in date medication at the start of the following term.

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to St.Luke's staff administering medication in accordance with the school policy. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medication is stopped.

Signed.....Contact Number.....

Date.....

NB: ALL MEDICATION MUST BE PRESCRIBED AND IN ITS ORIGINAL PACKAGING