



# ALTONA GREEN PRIMARY SCHOOL

## MEDICATION REQUEST FORM

*Please Note: School staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.*

CHILDS NAME:

GRADE:

EMERGENCY TELEPHONE:

I request that my child be administered the following medication whilst at school.

NAME OF MEDICATION:

DOSAGE (Amount):

TIME/S TO BE TAKEN:

DOES THIS MEDICATION NEED TO BE STORED IN THE FRIDGE?

OTHER INFORMATION:

I have sent the medication in the original container displaying the instructions

\_\_\_\_\_  
Parent/Guardian name & signature

\_\_\_\_\_  
Date

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**Office Use Only**

DATE	TIME	DOSE	COMMENT	NAME & SIGNATURE