Singleton Public School

Request for administering prescribed medication to the student

Name of child:	DOB:
Class:	
(Note: if your child is to take more than one request for each medication.)	prescribed medication, please attach a separate
Name of prescribed medication:	
Prescribed for (name of medical condition):	
Prescribed dosage:	
Expiry date of the medication:	
What are you requesting the school to do?	
Special storage requirements if any eg in refrig	erator:
	ribed medication/s eg must be taken with food or
Through information you have obtained from yo	our doctor or acquired yourself, are you aware of cation? provide more information:
Secure delivery of prescribed medication is imposed the safety of other students in the school. Not	portant for the safety of your child as well as for e.e. if you, the parent/carer, are unable to deliver a responsible adult transport the medication to
Parent/Car	er Information
Maria de la companya	
Name:	
Phone number:	
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 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.



Singleton Public School

8 Hunter Street Singleton, NSW 2330

Phone: (02) 6571 2250

Email: singleton-p.school@det.nsw.edu.au



Dear Parents and Carers		
Re: Medications		
Thank you for the request for your child to start receiving medication at school. Please see the following processes for the Administering of Medication at school:-		
	 Only prescribed medications are administered at Singleton Public School. This includes over the counter medications such as Panadol – they will only be accepted and administered if prescribed by a doctor. Parents/carers requesting the school to give their child any medications need to complete and sign a Request for Administering Prescribed Medication sheet. All medication needs to be: Delivered to the school office by an adult and cannot be delivered to the office by students. All medication needs to be delivered in its original packaging and box with prescription labe attached. Even if only one sheet of tablets is enclosed. Tablets cannot be put into a weekly container and cannot be cut in half as they need to be left in the sealed foil pack so that the medication is clearly identifiable. If students require half a tablet, parents/carers are required to provide a tablet cutter so tha office staff can cut the tablets in half. 	
These procedures align the school with the Department of Education procedures regarding administering medication.		
	Thank you for your assistance and cooperation with the above.	
	Yours faithfully	

Deanne Brown Principal Kerrie Burns School Administrative Manager