



# WONGARBON PUBLIC SCHOOL

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## REQUEST TO ADMINISTER MEDICATION

Date: \_\_\_\_\_

I wish to advise the school that my child (**name**): \_\_\_\_\_ DOB: \_\_\_\_\_

of **class**: \_\_\_\_\_ is suffering from the following condition / illness:

(**brief description**) \_\_\_\_\_

This condition / illness requires my child to take a dose of medicine whilst at school.  
I am requesting that staff at Wongarbon Public School supervise the administration of the following medication to my child:

**Name of Medication:** \_\_\_\_\_

**Dosage Required:** \_\_\_\_\_ **Time to be administered:** \_\_\_\_\_

*If for any reason, there are any changes in your child's health care needs, you must inform the school as soon as possible. Please contact the school if at any time you have any concerns or questions about these arrangements for support.*

Please sign below as required (either short / long term)

**SHORT TERM: The following conditions relate to students receiving short term medication, i.e on a day to day basis for a short term condition:**

- 1. I understand that it is the responsibility of my child to attend the office to receive this dose.*
- 2. I also understand that the medication will need to be collected from the office at the end of the school day.*

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

**LONG TERM: The following conditions relate to students receiving medication on a long term basis, i.e those students with a diagnosed chronic condition receiving daily medication:**

- 1. I understand that it is the responsibility of my child to attend the office to receive this dose.*
- 2. I also understand that it is my responsibility to provide the school with the necessary medication and to ensure adequate stocks are on hand at all times.*
- 3. For asthma reliever medication your child should carry it with a copy of their Asthma Action Plan. Please ensure the medication that your child carries themselves is within the expiry date and clearly labelled with their name.*

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

