



LAKES ENTRANCE PRIMARY SCHOOL

Myer St, LAKES ENTRANCE 3909

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REQUEST TO ADMINISTER MEDICATION

This form is to be completed by Parent or Guardian to allow teaching staff to administer medication.

Specific directions must also be written on the medication. **Unlabelled medicines will not be given under any circumstances.**

Name of Student:

Medication: Period of Use:.....

Specific Directions:

Supplying Pharmacy: Phone No.:.....

SIGNATURE OF PARENT / GUARDIAN :

DATE:

A record sheet for each child indicating when medication was given will be kept at school.

EMERGENCY ACTION PLAN

The medical treatment and action needed if the student's condition deteriorates.

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