



St Agnes Catholic High School

phone: 8882 0700
email: stagnes@parra.catholic.edu.au
website: www.stagnesrootyhill.catholic.edu.au

FORM 1

NOTIFICATION AND REQUEST BY PARENT / GUARDIAN FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

I request that my child _____ of _____ be allowed to take
Student Name HR
medication at school according to instructions from:

Prescribing Doctor (full name)

Address
Contact No

The medication has been prescribed for the following reason:

I hereby give permission to the Principal to obtain relevant information from the prescribing doctor.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medicine.

Signed: _____ Date: _____

Parent Name: _____ Relationship: _____



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FORM 2

MEDICAL ADVICE TO SCHOOL

To be completed by prescribing doctor

Student's full name: _____

1. Medical condition(s) of the child requiring regular treatment:

2. Essential medication requiring administration during school hours:

Condition Name: _____

Medication Name: _____

Dosage	Time/s of Administration	Special Instructions	Self Administer

Condition Name: _____

Medication Name: _____

Dosage	Time/s of Administration	Special Instructions	Self Administer

Condition Name: _____

Medication Name: _____

Dosage	Time/s of Administration	Special Instructions	Self Administer

3. Recommended restrictions on participation in school activities (e.g. sport, use of tools or machinery):

4. Recommended procedure in crisis situation:

5. Additional comments:

Signature of prescribing doctor: _____ Date: _____

Doctor's Name: _____

Contact No: _____



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NOTIFICATION OF CHANGE TO MEDICATION

To be completed by parent/guardian

Name of student: _____

Home Room: _____

Name of prescribing doctor: _____

Reason for change: _____

Condition Name	Medication Name	Dosage	Time/s of Administration	Self Admin

Special Instructions: _____

Signature of parent/guardian: _____ date: _____

Parent Name: _____ Relationship: _____