



TRINITY CATHOLIC PRIMARY SCHOOL KEMPS CREEK

61-83 Bakers Lane, Kemps Creek NSW 2178 P.O.Box 809, St Marys 1790

Phone: 02 8856 6200 Email: trinity@parra.catholic.edu.au

Date: _____

Dear Principal,

Notification and request for the Administration of Medication during school hours.

I request the school to administer prescribed medication at school during school hours to my son / daughter _____ according to the following medication details below:

<i>Student's Name</i>	
<i>Prescribing Doctor</i>	
<i>Doctor's Address</i>	
<i>Doctor's Phone No.</i>	
<i>Medical Condition</i>	
<i>Period of treatment</i>	From: _____ To: _____
<i>Dosage</i>	
<i>Time of administration</i>	
<i>Any special instructions ?</i>	
<i>Self Administered?</i>	Yes / No

I/we accept and agree to observe the condition imposed by the school and understand that is my / our responsibility to inform the Principal of any changes involving the administration of the medicine above.

Yours Sincerely

Parent / Carer Name: _____ Parent / Carer Signature: _____