



Our Lady of the Angels Primary School

1 Wellgate Avenue,
Kellyville 2155
Ph. 8814 5989 Fax. 8814 5716

Email: ola@parra.catholic.edu.au

Website: www.olarousehill.catholic.edu.au

Form 1

**NOTIFICATION AND REQUEST BY PARENT/GUARDIAN FOR THE
ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**
(to be completed by parent/guardian)

I request that my child _____ be allowed to take medication at school according to instructions from _____ (*full name of prescribing doctor*).

Address of prescribing doctor: _____

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 by parent/guardian

Print Name

Date



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Form 2

MEDICAL ADVICE TO SCHOOL
(to be completed by prescribing doctor)

Student's Full Name: _____ Doctor's Name: _____

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

2. Essential medication requiring administration during school hours:-

Medication Details

Condition Name	Medication Name	Dosage	Times of Admin

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

4. Recommended procedure in crisis situation

5. Additional comments:-

Signature of Prescribing Doctor: _____ Date: _____