



Rosary Primary School

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Request to Dispense Medication

To be completed by Parent or Guardian

I request that my child: _____ in year: _____

be given / allowed to take _____
(Name of Medication)

at school according to instructions from _____
(Full name of Prescribing Doctor) (Phone Number)

At _____ in dosages of _____
(times) (ml or tablets)

For the Medical Condition: _____

Any other relevant comments: _____

***Please ensure all medication is presented with clear instructions
and in its original packaging.***

The school will render whatever aid is necessary to administer the medication, but it should be clearly understood that this aid is that of a layperson without medical training.

To comply with your request, the following conditions should be strictly observed:

1. It is my responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use, or when it requires replacement.
2. It is my responsibility to inform the Principal of any changes involving the administration of the medicine.
3. I understand that the information provided by you and the prescribing doctor may be discussed by the Principal with other members of the school staff if necessary.

I agree to indemnify Rosary Primary School and related parties from and against all actions and the cost there of, or arising directly or indirectly out of such administration of medication.

Parent/Guardian signature: _____ Date: _____