

# St Francis School

*'Educating the whole child for today and tomorrow ...'*

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## Medication Request

I, \_\_\_\_\_ (name)  
Of \_\_\_\_\_ (address)  
request the school dispense medication to my child \_\_\_\_\_ (child's name)  
of Grade \_\_\_\_\_, according to the following:

Name of Medication: \_\_\_\_\_

Dosage Rate: \_\_\_\_\_

Time/s to Dispense: \_\_\_\_\_

Commencement Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_ or is it ongoing? Yes / No

Prescribing Doctor/  
Pharmacist's signature: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

If the medication is to be ongoing, a letter from the treating doctor must be attached providing appropriate information to support the school in providing this correctly.

NB: Only prescription medicine will be able to be dispensed by staff. Analgesics such as Panadol and Nurofen cannot be dispensed by the school.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

[illegible]