

# MEDICATION REQUEST FORM

**DATE:**

**PARENT's NAME:**

**ADDRESS:**

**TELEPHONE:**  
(Business Hours)

Dear Principal,

I request that my child \_\_\_\_\_ be administered the following medication  
( Child's Name )  
whilst at school, as prescribed by the child's medical practitioner.

**NAME of MEDICATION:**

**DOSAGE (AMOUNT):**

**TIME:**

I have sent the medication in the original container displaying the instructions provided by the pharmacist.

Yours sincerely

\_\_\_\_\_  
(Parent Signature)