



Castle Hill Public School

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REQUEST FOR ADMINISTERING MEDICATION TO STUDENTS

Student Details	
Child's full name	Class
Medical condition	Medication
Days or dates to be administered	Time to be administered
Prescribed dosage	Expiry date of the medication
Special storage requirements (eg: store in refrigerator)	Special instructions for administering (eg: must be taken with food)
Doctor's name/medical centre: _____	
Doctor's address: _____	
Doctor's phone number: _____	
Are there any likely side effects	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes please specify:	
If your child administers his or her own medication at home do you request that he or she self administers this medication at school? <i>Note: The Principal needs to approve a decision for a student to self administer</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
In the case of students carrying their own asthma reliever or epipen, please complete additional form	
Parent or Carer contact details	
Name	Phone
Parent or carer signature	Date

Privacy notice

The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the NSW Department of Education and Communities for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. In general, schools do not administer medication which has not been specifically requested by a medical practitioner for an individual student for a specific condition. Schools follow the same procedure for non-prescription medications and natural remedies. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.

