



T. 02 4943 4779 F. 02 4942 2570

E. NewcastleJ-s.School@det.nsw.edu.au 64 Hillsborough Road, Hillsborough, NSW 2290 www.newcastles.schools.nsw.edu.au

Dear Parents,

In line with the Department of Education and Training's *Drug Education Policy*, parents are required to provide the school with accurate information, signed by the child's medical practitioner, related to the administration of prescribed medication at school. Please find enclosed a form to be completed by your doctor and returned to the school as soon as possible.

In addition, all medication coming to school **must** <u>have the students name, medication type and dosage written</u> <u>clearly on the package.</u>

Thank you for your support and if you would like to discuss this matter further please do not hesitate to contact me.

Principal

Medical Advice to School

The Principal of Newcastle Junior School seeks information which would assist the staff of the school in administering medication to my child / ward. I hereby give my permission for the necessary information to be supplied to the school.

I understand that the information so disclosed may be discussed by the Principal of the school with other members of the school staff in order to assess the ability of the school to meet my child's medical requirement.

Signed:	Date:
Child's name:	
1. Medical condition(s) of the child requiring regular treatment:	
a)	
b)	
c)	
2. Medical condition(s) of the child requiring intermittent treatment:	
a)	
b)	
c)	

Potential | Determination | Achievement



NEWCASTLE SCHOOL A Community of Schools

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3. Medication administered during school hours:

FOR CONDITION (a,b,c, etc)	NAME OF MEDICINE	DOSAGE	FREQ .OR TIMES OF ADMINISTRATION	BEFORE/AFTER/WITH MEALS OR N/A
		:		
4. Special instructio	ons for administer	ing any of the a	above medications:	
5. If any dietary res medications, please		essary or any o	ther medications are contra-	indicated while child is taking above
6. Any allergies:				
Signature of Medica	al Practitioner			Date: