



The following request need only be completed if your child has an illness that requires short term administration of a prescribed medication such as an antibiotic, during school hours. Please ensure that all medication coming to school is in the original package prescribed by the doctor and has the student's name, medication type and dosage written clearly on the package.

**PRINCIPAL**

### REQUEST TO ADMINISTER PRESCRIBED MEDICATION

I ..... request the assistance of Newcastle Junior School

staff to administer to my son / daughter .....

the following medication .....  
(name of medication)

for the condition of .....  
(reason eg flu)

My child will need to take ..... at .....  
(dosage) (time)

for the following days / dates .....

Parent / Guardian's Signature: .....

Date: .....