

TAMWORTH PUBLIC SCHOOL Napier Street, TAMWORTH NSW 2340



Phone: 67 662016 Fax: 67 662438

Email: tamworth-p.school@det.nsw.edu.au

REQUEST TO ADMINISTER MEDICATION

Datt	
I wish to advise th	school that my child (name):
	is suffering from the following condition / illness.
(brief description)	
	tess requires my child to take a dose of medicine whilst at school. I staff at Tamworth Public School administer the following hild:
Name of Medicati	n:
Dosage Required:	
Name:	Signed:
Date:	



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Dear
This letter is to advise you that the school has agreed to administer prescribed medication) to(student's name).
Please find following a list of requirements for the administration of prescribed medications at school.
Parents and guardians must provide medication and any consumables required for their administration. All medication provided for the students must have a label, clearly legible, showing the student's name, the name of the medication and the dosage.
2. Written instructions as to the administration of the medication must be supplied.
3. All students who are administered prescribed medications at school will be required to attend the main office at 12 noon for their medication. A bell will sound at 12 noon to remind those students to come the office.
The safest method of bringing medication to school is for parents to deliver to the main office. However if this is not possible parents will need to contact the Principal so that an agreement in respect to alternative arrangements for the delivery of medication can be made.
5. It would be appreciated if you could supply your child with a drink to assist with the taking of their medication.
Γhank you for your cooperation.
Lee Preston Principal
f you have any questions please contact the school. Phone: 67 66 2016