



STUDENT
MEDICATION
REQUEST FORM

STUDENT NAME: _____ **DOB:** _____

Parent Name:

Parent signature:

YEAR	2024	2025	2026	2027	2028
GRADE					
TEACHER					

- Any medication required to be administered (eg, Ventolin, EpiPen, Antihistamine and other) must be accompanied with a Medical Practitioner's Action Plan / chemist labelling on the medication and School Medication Administration Form signed by the parent. Action Plans need to be updated every 12 months.
- All Medications are stored in the Health Centre in the front office (This may exclude Ventolin for some students)
- The Parent accepts responsibility for the accuracy of all information and for ensuring that supplies are available and in date.
- Panadol/Paracetamol medication: Immanuel school will not dispense Panadol/Paracetamol unless authorised by a doctor.

Drug		Start Date	
Dose		End Date	
Frequency		Action Plan Date	
Reason for medication			
Special Instruction			

Date										
Time										
Given										
Signed										

Date										
Time										
Given										
Signed										

Date										
Time										
Given										
Signed										