



BRISBANE GIRLS GRAMMAR SCHOOL

TO BE A *Leader* IN EXCEPTIONAL SCHOLARSHIP

Request for Medication Administration Form

A *Request for Medication Administration Form* must be completed prior to any medication being administered to your daughter. A separate form is required for each medication. Please complete this form and return it to the School.

Medications must be in the original container as dispensed by the pharmacy with a original pharmacy label that contains the student's name, name of the medication, directions for administration, frequency of administration, name of the medical practitioner, date and expiry date.

A request for administration of Schedule 8 medication must be completed by a medical practitioner.

I request the administration or assisted administration of medication to my daughter as detailed below.

Student Details

Student Name _____

Year Level _____

House _____

Commencement Date _____

Completion Date _____

Medication _____

Purpose of medication _____

Route of administration _____

Dose required _____

Time required _____

Signs to observe and possible side effects _____

Storage requirements _____

Prescribing Doctor _____

Name: _____

Phone number: _____

Parent/guardian details

Parent/Guardian Name	Home Phone	Work Phone	Mobile
Mother _____	_____	_____	_____
Father _____	_____	_____	_____

