



CHRIST THE KING SCHOOL

York Street, Beaconsfield 6162, Western Australia.
PO Box 213, South Fremantle 6162, Western Australia
Telephone : 9338 8777 Fax: 9331 6111

PARENTAL REQUEST FOR SCHOOL ADMINISTRATION OF MEDICATION

The school will administer medication to students only if:

- a) **it is absolutely necessary**

and

- b) **parents are unable to come to school to administer it to their child themselves.**

When the school agrees to administer medication it does so on the explicit request of the parent(s)/guardian(s) on the understanding that all **care** but **no responsibility** can be accepted for missed or wrongly administered dosage.

CHILD'S NAME: _____ **CLASS:** _____

NAME OF MEDICATION: _____

MEDICATION REQUIRED FOR: _____

SIZE OF DOSAGE: _____

TO BE ADMINISTERED AT: _____ [time of day]

TO BE ADMINISTERED FROM: _____ [date]

TO BE ADMINISTERED UNTIL: _____ [date]

I _____ [name of parent(s)] agree to the above conditions and I wish the school to administer the abovementioned medication to my child _____ [name of child] as specified.

Parent's/Guardian's Signature

Date

Acknowledged by Principal
or Assistant Principal