



St Michael's Primary School

3-5 Chapel Lane
BAULKHAM HILLS NSW 2153

Tel: (02) 9638 0518 Fax: (02) 9639 6734

(FORM 6)

NOTIFICATION TO SCHOOL OF TEMPORARY MEDICATION TO BE TAKEN AT SCHOOL – PRESCRIPTION / NON PRESCRIPTION

To be completed by Parent or Guardian

Student's full name:

1. Medical condition(s) of the child:
.....

2. Prescription / Non prescription (please circle) medication requiring administration during school hours:

Medication Details				
Condition name	Medication name	Dosage	Time/s of administration	Special instructions

3. Name of doctor Phone no

4. Recommended restrictions on participation in school activities (e.g. sport)
.....

5. Recommended procedure in crisis situation
.....

6. Additional comments
.....

Parent/guardian name (please print)

Signed