



# St Michael's Primary School

3-5 Chapel Lane  
BAULKHAM HILLS NSW 2153

Tel: (02) 9865 1600 Fax: (02) 9865 1699

(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 ..... Phone number .....

Date: .....