



# St Clare's Catholic High School

*A Catholic school of excellence and improvement*

## **SCHOOL ACKNOWLEDGEMENT OF REQUEST TO ADMINISTER MEDICATION**

Date \_\_\_\_\_

Dear \_\_\_\_\_,

I have considered your request to administer medication to your child \_\_\_\_\_

The school will render whatever aid is necessary to administer the medication, but it should be clearly understood that this aid is that of a lay person without medical training.

To comply with your request, the following conditions should be strictly observed:

1. It is your responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use, or when it requires replacement.
2. The attached form must be completed before any changes to the medication and its administration can be implemented.
3. I understand that the information provided by you and the prescribing doctor may be discussed by the principal with other members of the school staff.

175 Buckwell Drive HASSALL GROVE 2761 / Locked Bag 1412 PLUMPTON 2761

Phone: (02) 9830 2400

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