



# KORORO PUBLIC SCHOOL

"Understanding Through Communication"

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## REQUEST FOR ADMINISTERING NON PRESCRIBED MEDICATION TO THE STUDENT

Name of Child ..... Class .....

Name of prescribed medication .....

Prescribed dosage .....

Special instructions for administering the medication/s eg must be taken with food or  
with a glass of water .....

Through information you have obtained from your doctor or acquired yourself, are you  
aware of any likely side effects from the medication?

YES

NO

If yes, please provide more information.

How will the medication be delivered to school? Parent / Student (please circle)

Name of Parent/Carer (Please print) .....Signature.....

Date .....