



Emmaus Catholic School

Parental Request to Administer Medication

Student's Name: _____

Class: _____

Medication to be given: _____

Dose: _____

Time/s to Give: _____

Date commencing from: _____ Until: _____

Please note that medication will only be administered by staff when it is presented in the packaging it is supplied in and labelled from the chemist.

I request the Emmaus school staff administer the above named medication to my child as directed.

Parent/Guardian Name: _____ Signed: _____

Date: _____