

## Appendix 1



### **STUDENT MEDICATION REQUEST**

*(To be completed by parent for any medication to be given to their child)*

#### **NOTE:**

Where possible, student medication should be administered by parents at home at times other than during school hours. No medication will be administered in school hours except by prior written agreement. Parents need to have a conversation with the teacher/guardian about the student's condition, and if the teacher/guardian is in agreement, supply the clearly labelled medication along with the Student Medication Request Form (available from the school's website, reception or the High School office).

It is the responsibility of parents to ensure that all prescribed medications are contained in properly labelled containers showing the name of the medication, student's name, student's class, dosage, frequency and the expiry date and to ensure that all medications are kept up to date. Teachers/Guardians will store medications securely.

**Action Plans** for on-going conditions such as Asthma and Anaphylaxis must be signed by your doctor each year.

#### **(Please print CLEARLY)**

Name of parent/guardian \_\_\_\_\_

Name of Student \_\_\_\_\_ Class \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current School: PERTH WALDORF SCHOOL

Name of prescribing doctor (if applicable) \_\_\_\_\_

Medical condition being treated \_\_\_\_\_

Name of first medication \_\_\_\_\_ Expiry Date \_\_\_\_\_

Dose \_\_\_\_\_ Time/s to be taken \_\_\_\_\_

Name of second medication (if applicable) \_\_\_\_\_ Expiry Date \_\_\_\_\_

Dose \_\_\_\_\_ Time/s to be taken \_\_\_\_\_

Commencement date (ie: current date) \_\_\_\_\_

Conclusion date (eg: date or "until further notice") \_\_\_\_\_

**NOTES: A NEW REQUEST/RECORD AGREEMENT WILL BE REQUIRED IF:**

- the dose or medication type is altered;
- the regime is re-started following the expiration of this order;
- At the beginning of each NEW calendar year;

***It is the responsibility of the parent/guardian to provide the correct drug properly labelled. Improperly labelled drugs will not be administered.***

***It is also the responsibility of the parent/guardian to ensure medication is replaced before the expiry date as staff cannot administer medications which are past their expiry date.***

\_\_\_\_\_  
Parent / guardian signature

\_\_\_\_\_  
Date