This medication request form is to be completed should your child require medication other than that identified on the original medication enrolment form. Such instances may be when your child requires antibiotics cough mixture, panadol or if there has been a review of medication and changes are necessary.

I request that my child _____________________________ be administered the following medication whilst at school, as prescribed by the child’s medical practitioner.

1. NAME of MEDICATION:__________________________________
   DOSAGE (AMOUNT): ___________________________________
   TIME GIVEN: _______________________________________

2. NAME of MEDICATION:__________________________________
   DOSAGE (AMOUNT): ___________________________________
   TIME GIVEN: _______________________________________

I have sent the medication in the original container displaying the instructions provided by the pharmacist.

______________________________
(Parent Signature)

Date: _________________________

Bulleen Heights School
MEDICATION REQUEST – SHORT TERM