



# Foster Primary School

## MEDICATION REQUEST FORM

**Date:**

**Student's Name:**

**D.O.B**

**Parent's Name:**

**Telephone:**

Dear Principal,  
I request that my child \_\_\_\_\_ be administered the following medication whilst at school, as prescribed by the child's medical practitioner.

**Name of Medication:**

Dosage Amount	Dosage Time/S	Start Date	End Date	Or Ongoing ?	Orally/topical/injection

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

Yours sincerely

\_\_\_\_\_  
Parent Signature