



Harrington Park Public School

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I give permission for staff at Harrington Park Public School to administer to my child the following **prescribed** medications at school:

..... of Class

This medication has been prescribed by a doctor:

Name of Medication:

Required dosage:

Required for: (condition/illness)

Prescribed by: (Doctor's name)

Note: All medications are to be provided to the school in their original box. Prescribed medications must be for this student with the correct dosage noted on the container.

Time Medication is to be administered at school:
(e.g. before/after lunch or recess with approximate time of day)

Period medication is required from: __ / __ / __ __ __ to __ / __ / __ __ __

How should medication be stored (refrigerated/cupboard)?:

- I understand that it is the responsibility of my child to attend the office to receive this dose of medication as required.
- I also understand that it is my responsibility to provide the school with the correct medication and to ensure adequate stocks are on hand and in date at all times.

Note: Please provide the relevant Action/Individual Healthcare Plan if applicable (as provided by the doctor)

I indemnify the Principal and/or his/her representative to administer medication as detailed in the above note.

Signed:
Parent/Guardian

Date:

Office Use Only:

Email sent to CRT, DP's, LaST

Medication is in the original box, student name and dosage are noted on container