



**Yawarra**  
Primary School

# Yawarra Primary School

## MEDICATION REQUEST

**DATE:**

**PARENT'S NAME:**

**ADDRESS:**

**TELEPHONE:**

Business Hours

Mobile

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

**NAME of MEDICATION:**

**DOSAGE (AMOUNT):**

& instructions as supplied  
by pharmacist

**TIME:**

**DURATION:**

From Date:

To Date:

I have included the medication instructions provided by the pharmacist.

Yours sincerely

\_\_\_\_\_  
(Parent Signature)