



WONTHAGGI PRIMARY
SCHOOL *No. 3650*
PMB 101, Wonthaggi, 3995
Phone: 5672 1600



Dear Parents,

Following instructions provided by the Department of Education, we are reviewing our procedures for the administration of medication to students during school hours. If your child requires medication to be taken during school hours, please complete the form below. Medication and form must be handed in by an adult. Please note that if medication is provided for more than one day, a dosette box (those little containers with separate compartments available from the chemist for around \$20) is the preferred container as it has provision for correct labelling. Further forms are available from the office.

Please also complete this form if your child has an Asthma pack at school as we are required to have an updated Request to Administer Medication During School Hours each year. Please also ensure you have provided us with a School Asthma Action Plan (form can be provided to you at the school office).

Thankyou for your assistance with this matter to enhance the safety of your child and others in the school.

Wendy Bradley
 Principal

REQUEST TO ADMINISTER MEDICATION
DURING SCHOOL HOURS

TO: Principal, Wonthaggi Primary School

Please arrange for the following medication to be administered to my child:

Name: _____ **Grade** _____

MEDICATION: _____ (name of medicine)

DOSE: _____ (how much to give)

DATE(S): _____ **TIME(S):** _____ (Lunch is 11:00am)

Is this ONGOING Medication? **Yes / No (please circle)**

Declaration:

- I will provide the medication in a container (preferably a dosette box) **labelled with child's name, medication and dosage.**
- I understand that as parent/guardian, I assume full responsibility for my child taking this medication. I also understand that whilst Wonthaggi Primary School Staff will make every endeavour to ensure that the prescribed medication is taken as directed, they will not be held responsible if medication is not taken for any reason.

Signed: _____ Date: _____
 (Parent/Guardian)

OFFICE USE ONLY: Medication Expiry Date Entered on Cases21 Notify Class Teacher