

**FORM 11 – ADMINISTRATION OF MEDICATION
(Long term)**

Long term administration of medication should be incorporated in a health care plan.

NORTH HARRISDALE PRIMARY SCHOOL

REQUEST TO ADMINISTER MEDICATION TO MY CHILD WHILE IN THE CARE OF THE SCHOOL <small>(Note: Medication must be provided by parents/carers)</small>	
STUDENT'S NAME:	
DOB:	
FORM/CLASS:	
NAME OF MEDICATION	
DOSE/FREQUENCY (MAYBE AS PER PHARMACIST'S LABEL)	
ROUTE OF ADMINISTRATION (E.G. BY MOUTH)	
EXPIRY DATE OF MEDICATION:	
DATES of ADMINISTRATION:	FROM: / / 20__ TO: / /20__
STORAGE REQUIREMENTS: (E.G. REFRIGERATOR)	
NAME OF ADMINISTRATOR:	
PARENT/CARER SIGNATURE:	DATE:

