

**Beaconsfield Primary School  
Medication Request Form**

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Date: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
(Business Hours)

Dear Principal,

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

Name of Medication: \_\_\_\_\_

Dosage (Amount) \_\_\_\_\_

Time: \_\_\_\_\_

What date is the Medication to cease: \_\_\_\_\_

I have sent the medication in a labelled container displaying the instructions for administering.

Yours sincerely

(Parent Signature)