



# Mount Colah Public School

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## REQUEST TO ADMINISTER MEDICATION

I wish to advise the school that my child (name): \_\_\_\_\_

of class: \_\_\_\_\_ is suffering from the following condition / illness:

(brief description) \_\_\_\_\_

This condition / illness requires my child to take a dose of medicine whilst at school. I am requesting that staff at Mount Colah Public School administer the following medication to my child:

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

Dosage Required: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

**SHORT TERM:** The following conditions relate to students receiving short term medication, ie on a day to day basis for a short term condition:

1. I understand that it is the responsibility of my child to attend the office to receive this dose.
2. I also understand that the medication will need to be collected from the office at the end of the school day.
3. I hereby indemnify and keep indemnified the Minister for Education, the Government of NSW, the Department of Education and Training and its officers, servants and agents against all actions, suits, claims, demands, proceedings, losses, damages, compensations, costs, changes and any expenses whatsoever in respect of any personal injury or of any infringement, disturbance or destruction of any rights of any person including myself and my son/daughter arising directly or indirectly out of the aforementioned administration of medication.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_

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