5 McCulloch Street, Riverstone 2765

PO Box 20 Riverstone 2765

Tel: 9627 2588 Fax: 9627 2699

Email: riverstone@parra.catholic.edu.au

Website: www.parra.catholic.edu.au/stjohns

REQUEST TO ADMINISTER MEDICATION AT SCHOOL

To be completed by prescribing Doctor or Parent

Students Full Name: _____

Medical Condition(s) of the child requiring regular treatment: _____

_____

_____

Details of medication requiring administration during school hours: _____

_____

_____

Dosage: _____ Time to be administered: _____

Please complete if there are any special conditions the school should be aware of:

Recommended restrictions on participation in school activities: _____

_____

Recommended procedure in crisis situation: _____

_____

Additional comments: _____

_____

INDEMNITY

I hereby indemnify and agree to keep indemnified the Catholic Education/Schools office and its employees and agents and St John's School and its employees and agents, including teachers and other staff of the school, from and against all actions, suites, claims, demands, complaints and causes of action including for or in respect of death, personal injury or any alleged infringements of the rights of any person, and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signature _____ _____ ***Date***_____

Prescribing Doctor ***Parent/Carer***