



Chisholm Catholic Primary School

30 Collith Avenue, Bligh Park NSW 2756
PO Box 5724, South Windsor NSW 2756
Tel: (02) 4587.8915 Fax: (02) 4587 8916
Email: chisholm@parra.catholic.edu.au

Form 1

Notification and Request by Parent/Guardian for the administration of medication during school hours

be completed by the parent or guardian

I request that my child _____ in class _____ be allowed to
take medication at school according to instructions from _____
(full name of prescribing doctor)

Address of prescribing doctor: _____

Contact number: _____

The medication has been prescribed for the following reason:

I hereby give permission to the Principal to obtain relevant information from the
prescribing doctor. I accept and agree to observe the conditions imposed by the school and
understand and agree that it is my responsibility to inform the Office Staff of any changes
involving the administration of the medicine.

Signed: _____
(Parents/Guardian)

Date: _____