



Carinya

CHRISTIAN SCHOOL
From Christ and For Him

TAMWORTH

25 Boronia Drive, Tamworth NSW 2340
Ph: (02) 6762 0970 | E: admin@carinya.nsw.edu.au

GUNNEDAH

46 Elgin Street, Gunnedah NSW 2380
Ph: (02) 6742 2766 | E: gunnedah@carinya.nsw.edu.au

MEDICATION REQUEST FORM

Parent/Carer's name:

Parent/Carer's ph. number/s:

Name of medication:

I request that my child (Full Name) _____ be administered the above medication during school hours, as prescribed by my child's medical practitioner. I have provided the school with a **Webster Pak** supplied by the pharmacist and will inform the school of any changes to the medication dose.

Dosage:

Time/s:

Duration (start date/finish date or ongoing daily):

Parent / Caregiver Signature:

Date: