



LAKES ENTRANCE  
Primary School

**REQUEST TO ADMINISTER MEDICATION**

**This form is to be completed by Parent or Guardian to allow teaching or administration staff to administer medication.**

Specific directions must also be written on the medication. **Unlabelled medicines will not be given under any circumstances.**

**Name of Student:** -----

**Medication:** ----- **Period of Use:**-----

**Specific Directions:** -----

**Supplying Pharmacy:** ----- **Phone No.:**-----

**SIGNATURE OF PARENT / GUARDIAN :** -----

**DATE:** -----

**A record sheet for each child indicating when medication was given will be kept at school.**

**EMERGENCY ACTION PLAN**

The medical treatment and action needed if the student's condition deteriorates.

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MUTUAL RESPECT

PERSISTENCE

SUCCESS

BELONGING

49 Myer Street  
Lakes Entrance  
Vic 3909

ph 03 5155 1812  
fx 03 5155 4157

lakes.entrance.ps@edumail.vic.gov.au  
www.lakesps.vic.edu.au



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