



**Letter to parents confirming arrangements for administration of
prescribed medication**

Dear Parent or Carer

This letter is to advise you that the school has agreed to administer the prescribed medication to your child as per your request. The school will try to provide the medication at the requested time/s (listed below) although some variations may be unavoidable on occasions. Please contact me if you are worried about this.

The school has agreed that the medication will be delivered to the school by the person listed below.

You will need to provide the prescribed medication and any associated equipment to the school as required. If you cannot send the prescribed medication in the way arranged, please contact me to discuss alternative arrangements.

School staff have volunteered to support your child's health care needs at school. This arrangement will be reviewed annually or when there is a change in your child's health needs or if the situation arises where this plan cannot be implemented.

If for any reason there are changes in your child's health care needs, you must inform the school as soon as possible. Please contact the school if at any time you have concerns or questions about these arrangements for support.

If the situation arises where this plan cannot be implemented we will contact you on the telephone numbers provided.

Name of student _____ Class _____

Name of person delivering the medication to school _____

Time/s of administration of medication _____

Name of Principal _____

Signature of Principal _____ Date _____

If no request for self medication was made, please ignore the following section.

SELF MEDICATION REQUEST

If you requested that your child self administer the medication, your request was carefully considered. Your request for self medication by your child is:

supported. The school will continue to work with you to support your child in managing the administration of this medication.

not supported, please contact the school.