



ST XAVIER'S SCHOOL STUDENT MEDICATION POLICY

St Xavier's School Gunnedah

Long Term Medication Request and Notification Form.

Name of Student: _____ Class: _____

Medical Practitioner's Name: _____

Medical Practitioner's Address: _____

Medical Practitioner's Phone: _____

Name of Medication: _____

Dose: _____

Time(s) to be taken: _____

Special Arrangements: (eg. Monitoring the student after administration; restrictions on participation in school activities such as sport or use of equipment; side effects; emergency actions)

Signed: _____ Date: _____
(Parent / Guardian)

Signed: _____ Date: _____
(Prescribing Doctor)