# Administering prescribed medication

**Note: if your child is to take more than one prescribed medication, please attach a separate request for each medication.**

Name of student:

Name of prescribed medication:

Prescribed for (name of medical condition):

Prescribed dosage:

What are you requesting the staff to do?

Expiry date of the medication:

Special storage requirements if any e.g. in refrigerator:

Special instructions for administering the prescribed medication/s. For example, must be taken with food or with a glass of water.

Through information you have obtained from your doctor or got yourself, are you aware of any likely side effects from the prescribed medication?

Yes No If Yes, please provide more information:

Where possible, the medication should be provided to State Drama Camp in its original pharmacy packaging.
**Note: Your child’s medication should be clearly labelled with their name in a clear zip lock bag with this completed form.**