



# ST BRENDAN'S PRIMARY SCHOOL

46 Langham Street GANMAIN 2702

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## NOTIFICATION AND REQUEST BY PARENT/GUARDIAN FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS.

### To be completed by Parent or Guardian

I request that my child .....Class.....

be allowed to take medication at school according to instructions from:

Prescribing Doctor/Address and phone number .....

.....

Name of medication and Dosage .....

The medication has been prescribed for the following reason:

.....

I accept and agree to observe the conditions imposed by the school and understand and agree it is my responsibility to inform the Principal of any changes involving the administration of the medicine.

I hereby indemnify and agree to keep indemnified the Catholic School Office and its employees and agents, this includes St Brendan's Primary School Ganmain, the teachers and other staff of the school, from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration or medication.

In an emergency requiring medical attention I authorize the school to contact

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

And/or to convey my child to the local hospital by appropriate transport which may be Ambulance.

Signed by:

.....Date.....

Parent/Guardian