WAKEFIELD SCHOOL
MEDICATION

Date: 2/2/26

Dear parent / carer,

You have indicated or notified the school that your child has a health condition which may require support at school or when involved in school activities, for example, a school excursion. While the main role of the school is to provide education, we want to work with you to keep your child healthy and safe at school.

Please complete the attached form *Request for support at school of a student's health condition*, on the basis of information provided by your medical practitioner and return it to me. (You may wish to discuss the information required with the medical practitioner.) The form includes sections where you can request the administration of prescribed medication and/or other assistance.

If your child requires medication while at school, your child will be required to follow these school routines:

- Medication is to be taken before access to playground activities
- Student waits for staff member, by sitting on the silver seat outside Administration Office
- Staff member provides cup of water and medication
- Additional staff member observes the process

If medication is provided to school for daily or emergency only purposes, the medication must be supplied in a 'Webster Pack' or 'Blister Pack' which is available from your chemist. If you require further information regarding this, please contact the school.

When I receive your request for support I will need to discuss it with relevant staff and I will then contact you again if it is not approved.

Please advise me at any time if there are changes in the information about your child's health care needs or if I can assist you further.

Yours sincerely

Shauna Gillett
Principal

WAKEFIELD SCHOOL
MEDICATION

Request for support at school of a student's health condition

Student details

First name: _____ Last name: _____

Date of Birth: _____

Health/medical condition: _____

Could your child experience an emergency reaction in relation to this condition? (please tick)

Yes ☐ No ☐

Doctor's name/medical centre: _____

Doctor's address: _____

Doctor's phone number: _____

Please provide the name, address and phone number of any other doctor or medical specialist who may currently be treating your child:

Allergy/medical condition	Doctor's name

Medication Details

Prescribed Medication	Dosage	Time/s

Student Signature: _____ Parent/Carer Signature: _____

Parent contact number: _____ Date: _____