



St Patrick's Catholic Primary School  
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## Request for short term administration of medication during school hours

(To be complete by parent / guardian)

I ..... request that my son/daughter .....  
(Name of parent/guardian)

of class ..... be allowed to take medication at school under adult supervision

according to the following instructions:-

Medication: .....

Refrigeration required? Yes..... No.....

Dosage: .....

For a period of (eg., 1 day, 1 week) .....

For condition of: .....

Restriction on the child's activities.....

I hereby indemnify and agree to keep indemnified the Catholic School Office and its employees and agents, and St Patrick's Primary School, Swansea and its employees and agents, including the teachers and staff of the school, from and against all actions, suits, claims, demands, complaints and causes of action whatsoever whether past, present or future, by the said child, or any person acting on his/her behalf, arising out of the administration of medication in accordance with parental/medical practitioner instructions.

Signed: ..... Date: .....  
(Parent/Guardian)

**PLEASE TAKE THIS FORM TOGETHER WITH THE MEDICATION TO THE SCHOOL OFFICE**