



Silver Tree Steiner School

Medication Instructions from Prescribing Doctor

(to be completed by doctor if your child requires Prescribed medication at school)

These instructions are requested from the prescribing doctor to enable the school to maintain it's 'duty of care' when administering prescribed medication to students.

Please ensure you write clearly when completing this form

Doctor _____

Address _____

Telephone _____

I have prescribed the medication/s _____

For (name of student) _____ Date of Birth _____

To treat the condition of (name of medical condition) _____

This medication needs to be administered at the following dosage _____

And frequency / time _____

Are special arrangements necessary to administer the medication or monitor the student after medication administration? YES NO

If yes, provide details _____

Signature of Prescribing Doctor

Parent / Guardian Signature

Date