



# 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