

FORM 4 – Parental request for first aid

PARENTAL REQUEST FOR FIRST AID

TO ADMINISTER MEDICATION TO STUDENTS

(PLEASE PRINT CLEARLY)

TO: First Aid Personnel of Suncoast Christian College

FROM: _____

(Name of Parent/Guardian)

DATE: _____

NAME OF CHILD: _____

NAME OF REFERRING DOCTOR: _____

PHARMACY INSTRUCTIONS ATTACHED: _____

I request the appropriate first-aid personnel of Suncoast Christian College to administer the following medication to my child named above.

Type of medication: _____

Exact dosage: _____

Time to be administered: _____

State period for which medication is to be administered:

Amount of medication sent to the College:

_____ (no. of tablets) or _____ (mls of liquid).

I understand that I need to advise the College in writing if the dosage of this medication has to be varied.

SIGNED: _____

DATED: _____

First Aid Officer
Suncoast Christian College
PO Box 5254
SUNSHINE COAST MC QLD 4560

PLEASE RETURN TO:

OFFICE USE ONLY			
Date Form Received		Amount of Medication Checked by:	
Form 3 created		In the presence of:	