



# St Matthew's Catholic Primary School

Little Church Street  
PO Box 406  
Windsor 2756

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## Medication Request Form

<b>Parent's name; (Mr Mrs Ms)</b>
<b>Child's name:</b>
<b>Class:</b>
<b>Phone no: (for contact if necessary)</b>
<b>Doctor's name:</b>
<b>Phone:</b>
<b>Period of Medication:</b>
<b>Name of drug/medication:</b>
<b>Dosage:</b>
<b>Please indicate (✓) if medication is administered:</b> <input type="checkbox"/> with food <input type="checkbox"/> before food - how long before..... <input type="checkbox"/> after food - how long after.....
<b>Please specify the time medication is to be administered at school: .....</b>
<b>Please indicate what is to happen if a dose is missed e.g. child does not turn up at the correct time</b>
<b>Reason/purpose for Medication:</b>
<b>Please note:</b> • Medication must be provided to the school office in the original packaging stating dose and frequency. • While staff members may be prepared to assist in this matter, the ultimate responsibility rests with the parents.

### Deed of Indemnity:

In consideration of the members of staff of St Matthew's Primary School, Windsor administering medication to my son/daughter.....as requested by me.

I hereby indemnify and keep indemnified the Trustees of the Diocese of Parramatta, the Bishop of the Diocese of Parramatta, the Parish Priest of Windsor Parish, the executive director of Schools, officers, servants and agents, against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever in respect of any personal injury or of any infringement, disturbance, or destruction of any rights of any person including myself and my son/daughter ..... arising directly out of the aforementioned administration of medication.

Signed, Sealed and Delivered  
by the said: .....

In the presence of: ..... Date: .....