



*Our Lady of the Way*  
Act Justly - Love Tenderly - Walk Humbly

*TO BE COMPLETED BY PARENTS/GUARDIANS*

**NOTIFICATION AND REQUEST BY PARENTS/GUARDIANS FOR THE  
ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

I request that my child be allowed to take medication according to the following medication details:

Student's Name	
Student's Year	
Prescribing Doctor's Name	
Prescribing Doctor's Address	
Prescribing Doctor's Contact No.	
Medication Condition	
Start Date of Medication	
Finish Date of Medication	
Name of Medication	
Dosage	
Time of Administration	
Medication Requires Refrigeration	YES/NO
Special Instructions	

I hereby give permission to the Principal to obtain relevant information from the prescribing doctor. I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medication.

I hereby indemnify and agree to keep indemnified the Catholic Schools Parramatta Diocese and Our Lady of the Way School and its employees and agents, including the teachers and other staff of the school, from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_