



Preston PRIMARY

240 Tyler Street Preston Vic 3072
General Office : Telephone 9470 1167
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Website: www.preston-ps.vic.edu.au

MEDICAL MANAGEMENT PLAN

Date

Child's Name Grade

Parent's / Carer's Name	
Address	
Telephone	Business Hours
	Home

Dear Principal,

I request that my child be administered the following
(Child's Name)
medication whilst at school, as prescribed by the child's medical practitioner.

Name of Medication :	
Dosage (amount) :	
Time :	

I have sent the medication in the original container displaying the instructions provided by the pharmacist and or medical practitioner

The information collected will only be used for the purpose of management of medication.

Yours sincerely

.....
Parent / Carer signature

❖ Attach documentation from medical practitioner if appropriate

