59-61 Stewart St, PO Box 859, Devonport, Tas 7310 T: (03) 64 241 744 F: (03) 64 231 795 W: www.olol.tas.edu.au ABN: 68 416 731 625

Appendix 2.2

Form 1: Long-term Prescribed Medication
To be completed by Doctor

Our Lady of Lourdes Catholic School

To: Carol Seagar *(Principal)*

I am writing to inform you that _____
(Name of Student)

Grade: _____ requires the following medication during school hours:

Medication: _____

Dosage: _____

Time: _____

Method: _____

Directions: ☐ With Food ☐ Prior to Eating ☐ N/A

Side effects to be aware off: _____

_____

Yours sincerely

_____
(Doctor's signature)

_____
(Date)