



# STOP !

Thank you for downloading the Preston Primary School **Medical Management Plan** form.

**Please follow these instructions :**

- **SAVE** this document onto your computer **before completing**.
- We suggest saving the form as your **CHILD'S SURNAME**.
- Make sure you save it when completed.
- **Please EMAIL your completed form** to [preston.ps@education.vic.gov.au](mailto:preston.ps@education.vic.gov.au) along with copies of :

Please contact us on 9470 1167 if you have any questions.



# Preston PRIMARY

240 Tyler Street Preston Vic 3072  
General Office : Telephone 9470 1167  
Email: [preston.ps@edumail.vic.gov.au](mailto:preston.ps@edumail.vic.gov.au)  
Website: [www.preston-ps.vic.edu.au](http://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 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