

**PROCEDURE FOR THE ADMINISTRATION OF PRESCRIBED  
DRUGS IN CONTROLLED SCHOOLS (DA1)**

Name of child ..... Name of General Practitioner .....

DOB ..... Address.....

Address .....  
.....

..... Telephone No.....

Home Phone .....

I certify that the above named child has been prescribed the following drugs:-

Name of drug/s

.....  
.....

Total dosage at home .....

Total dosage at school .....

Intervals for administration .....

Other details .....

.....  
.....

Signed .....  
(General Practitioner)

Date .....

Please arrange for ..... to receive the above medication.

Signed .....  
(Parent/Guardian)

Date .....

**IN THE EVENT OF ANY CHANGES TO THE ABOVE  
PRESCRIPTION/S THE PARENT MUST ADVISE THE  
PRINCIPAL IN WRITING IMMEDIATELY OR AS SOON AS  
PRACTICABLE.**

