



# KEIRAVILLE PUBLIC SCHOOL

*Excellence, Innovation, Opportunity, Success*

**Principal:** Toula Kotamanidis

**Assistant Principals:** Jo- Anne Delaney  
Sarah Dawson

**Email:** Kelly Russell (rel)  
[keiraville-p.school@det.nsw.edu.au](mailto:keiraville-p.school@det.nsw.edu.au)

286 Gipps Road  
PO Box 54  
Keiraville NSW 2500

Ph: (02) 4229 4117  
Fax: (02) 4226 5084

## Request for support at school of a student's health condition

### 1. Student Details

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Class: \_\_\_\_\_

Health/Medical condition: \_\_\_\_\_

---

Could your child experience an emergency reaction in relation to this condition?

Yes  No

Name of prescribed medication: \_\_\_\_\_

Prescribed dosage: \_\_\_\_\_

Special instructions (ie: with food, water etc): \_\_\_\_\_

Does the medication need to be refrigerated:  Yes  No

Name of person who will carry the prescribed medication to and from school:

---

Duration of administering the prescribed medication: (ie: one day, one week, until completed)

---

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Carer)

**Note:** Tablets and other medication **MUST** be clearly identified by label, must be in the original packaging and include the date of issue and name of the prescribing doctor.

Yours faithfully

Toula Kotamanidis  
Principal