



**Request for Regular Administration of Medication and Treatment
of Students Attending State Schools**

PART 1 – To be filled by the student’s parent/s (or legal guardians)

STUDENT

1	Name and surname	
2	Home address & postcode	
3	Date of birth	
4	Birth registration no. (ID)	

Parents or (legal guardians) signing below are to provide the school with the right medication in its **original packaging** for administration by Apex nurses according to the physician’s prescription. Parents are also to update the school in case of any future changes through a written medical prescription.

FATHER (or legal guardian)

5	Name and surname	
6	ID no.	
7	Tel. / mobile nos.	

MOTHER (or legal guardian)

8	Name and surname	
9	ID no.	
10	Tel. / mobile nos.	



**Notes to parents from the Directorate for Educational Services,
Ministry for Education and Employment**

This information is being collected in compliance with the Data Protection Act and may thus be used as necessary by the respective educational authorities.

The National School Support Services, within the Directorate for Educational Services, collects and processes information so as to carry out its functions under the Education Act.

It is understood that by signing this request parents or legal guardians are giving their consent to the National School Support Services, within the Directorate for Educational Services, to process and record the personal data found in this document, in order to be able to provide the nursing service you have applied for.

CONSENT BY PARENTS

We parents (or legal guardians) thus understand that by signing this application below are consenting to:

- (i) Process this application requesting nursing services,
- (ii) Allow authorized personnel to have access to this information in order to provide the service applied for, and
- (iii) Allow anonymous information (without name or identity) to be included in statistical reports.

We are aware that such confidential information related to our child, will be made available to us should we ask for it in writing.

11	Signature of father / guardian	
12	Signature of mother / guardian	
13	Date	



PART 2 - To be filled by the student's physician

The medication prescribed below will be administered during school hours by a visiting Apex nurse to student [_____] and whose other personal details are written in Part 1. The physician is also to inform the school in writing of any future changes in medication. It is recommended that the first dose of any new medication will not be taken at school. Kindly fill-in the following requested details in block capitals.

STUDENT

14	Main diagnosis	
15	Other conditions present	

MEDICATION

16	The medication(s) prescribed below is to be taken at:→	Time		
	Brand name	Pharmaceutical name	Dose	Route
i				
ii				
iii				
iv				
v				
17	The medication(s) prescribed below is to be taken only if necessary (p.r.n.)			
vi				
vii				



DURATION

18	Starting from (date)	
	Ending on (date)	
19	Please write any special instruction relating to the storing of medication (e.g. in refrigerator)	
20	Please write any other information you consider important for the school staff relating to the above medication if any. By adding separate documentation if necessary, kindly specify any possible side effects such as drowsiness and avoidance of direct sunlight due to photosensitivity. You may also wish to offer directions how to identify side effects (such as hypoglycaemia, severe allergy, oculo-gyro crises and grand mal seizure), what is expected by the school administration and when to seek medical advice.	

PHYSICIAN

21	IN BLOCK CAPITALS Physician's name	
	Physician's stamp	
22	Medical Registration Number	
23	Telephone no/s.	
24	Signature	
25	Date	



PART 3 – To be filled by the student’s Head of School

Having read this request and medical information received, I agree that the medication will be administered to student [_____] during school hours as instructed by the student’s physician in Part 2. The medication supplied by the parents will be stored safely according to directions, away from other students or unauthorized persons but will be readily available to the Apex nurse for administration.

I will also immediately inform Apex Community Care Ltd and the National School Support Services if the student does not require the present service. I will also attempt to minimize futile visits by nurses when student is absent from school or due to school outings by informing the respective school well in-time.

This original request form will now be immediately forwarded to the College Principal for approval (Part 4) and processing by Apex Community Care Ltd. A photocopy of the filled-in entire document will be sent to you by the Office of the Principal for filing in the school Apex Community Care File according to data protection legislation.

HEAD OF SCHOOL

26	Head of School’s name School stamp	
27	Signature	
28	Date	

TELEPHONE Nos.

Apex Community Care Ltd Tels. 21410049, 21468880. schoolnursing@apex.com.mt	National School Support Services Tels. 25983497 nationalschoolsupportservices.mede@gov.mt
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PART 4 - To be filled by the student's College Principal

I endorse this request for the administration of medication during school hours and am thus going to immediately forward this **original** document (6 pages) to **Apex Community Care Ltd** for processing after making four photocopies to:

- (a) College Principal for filing in the college Apex File,
- (b) School Head for filing in the school Apex File,
- (c) Parents (or legal guardians) of student,
- (d) National School Support Services.

Moreover, at end of each month the Office of the Principal will forward a photocopy of the medicine record sheet of this student (together with those from all other students in the college) to the National School Support Services for verification and eventual payment to Apex Community Care Ltd.

ADDRESSES

Apex Community Care Ltd 4, St Philip Building, Sciortino Street, Zebbug, ZBG 1965 Tel. 21410049, 21468880 schoolnursing@apex.com.mt	National School Support, Services Department Triq Fra Gaetano Pace Forno Hamrun HMR1100. Tels. 25983497 nationalschoolsupportservices.mede@gov.mt
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COLLEGE PRINCIPAL

29	College Principal's name College stamp	
30	Signature	
31	Date today	