

REQUEST TO ADMINISTER MEDICATION

Student Name:	Date of Birth: / /
Allergies	Year Level:
Please list all medications that your eadministered at home and any emer	child requires during school hours. Please also list medication gency medications.
Name of Medication	
Strength (e.g. 10mg)	
Dosage (e.g. 1 tablet)	
Route (e.g. oral)	
Time/s to be given at school	
Time/s given at home	
Other useful instructions or information	
agree to notify the College, in writing	dminister the necessary medication to my child while at schong, if there are any changes in the above medication.
Signature:	Date: / /
Authorising Practitioner (if scrip	

NOTE:

For **staff** operating under direction of the Headmaster to administer over-the-counter medication to a day student authorisation is required from a medical practitioner/parent.

- Provide medication in original pharmacy labelled container to the school.
- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken.
- Notify the College in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or change of label from a pharmacist.
- The student has received a dose at home without ill effect.
- Advise the College in writing and collect the medication when it is no longer required at school.
- Where parents are working with a prescribing health practitioner to determine a dose for that day (e.g. insulin, Rivotril) parents will provide a letter from the prescribing health practitioner instructing that parents will be responsible for notifying the College of the adjusted dose.
- This form will be reviewed annually or as the students is prescribed a change in medication.