

# McCarthy Catholic College

*Receive • Worship • Serve*

Tribe Street, Tamworth 2340

PO Box 3486

West Tamworth 2340

P: 02 6761 0800

E: mccadmin@arm.catholic.edu.au

## NOTIFICATION AND REQUEST BY PARENT/GUARDIAN FOR THE ADMINISTRATION OF MEDICATION DURING COLLEGE HOURS

To be completed by Parent or Guardian

I request that my child:

\_\_\_\_\_

**Full name of student**

be allowed to take medication at McCarthy Catholic College according to instructions from:

\_\_\_\_\_

**Full name of prescribing Doctor**

\_\_\_\_\_

**Address and phone number of prescribing Doctor**

The medication has been prescribed for the following reason:

\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission to the Principal to obtain relevant information from the prescribing Doctor.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medicine. I agree to indemnify the College and related parties on the terms of the attached Deed of Indemnity.

Signed: \_\_\_\_\_

**Parent/Guardian**

Date: \_\_\_\_\_