



# ST AUGUSTINE'S COLLEGE

## PERMISSION TO ADMINISTER MEDICATION

BOARDING STUDENTS

### DETAILS OF MEDICATION TO BE ADMINISTERED BY COLLEGE BOARDING STAFF

Student name

Year level

Date of Birth

Residence

I hereby request that the College/Boarding staff administer the following medication to my child at school/boarding or during school/boarding related activities, as specified below.

NOTE: All medications must be correctly labelled by a pharmacist, with current medical history.

NAME OF MEDICATION	DOSAGE (EG ONE TABLET)	STRENGTH (EG 10MGS)	INDICATIONS FOR USE (EG INSTRUCTIONS FOR WHEN AND HOW THIS MEDICATION IS TO BE ADMINISTERED)

Additional information

  
  

I give permission for chemist requirements to be obtained through the pharmacy which supplies the College. I agree that these costs will be passed to me for payment. If hospitalisation is required, in the first instance students will be taken to the Cairns Hospital. If private treatment or ongoing treatment at a private medical specialist is preferred, I agree that this will be at my expense and directly payable by me to the private provider. If Yes, please tick

Parent/carer name

Parent/carer signature

Telephone number

Date

COMPLETED FORM TO BE FORWARDED WITH MEDICATION TO COLLEGE NURSE