



ESTABLISHED 1930

# 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.

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

  
  

Parent/carer name

Parent/carer signature

Telephone number

Date

COMPLETED FORM TO BE FORWARDED WITH MEDICATION TO COLLEGE NURSE