Authorisation to Administer Medication

Please return this form to the college reception with any medication the student is required to have while in attendance. All medications are stored inline with our college medication policy.

Please fill in all details and provide the medication in original packaging, with prescription/pharamaceutical label clearly stating student's name, dosage and frequency. Please ensure medication is handed to a staff member at reception.

STUDENT NAME:			
PASTORAL GROUP:		YEAR LEVEL:	
MEDICAL CONDITION:			
DOCTOR:		PHONE:	

NAME OF MEDICATION	DOSAGE REQUIRED	TIME REQUIRED	METHOD OF ADMINISTRATION

PARENT/GUARDIAN DETAILS FOR REQUESTING THE ADMINSTRATION OF MEDICATION:

NAME:			
RELATIONSHIP TO STUDENT:			
SIGNATURE:		DATE:	
Is this medication ongoing?	☐ YES	☐ NO	
If no, what date does the medication cease being administered?:			

OFFICE USE ONLY

NAME OF MEDICATION	DOSAGE GIVEN	DATE	TIME	STAFF 1	STAFF 2