



# Medication Permission Form

Please supply the medication to be administered when returning this form

## St Mary MacKillop College

Should your child require medication/s to be administered while at school or at a school-based activity, you are required to complete the details below.

<b>NAME OF STUDENT:</b>	
Date of Birth:	<b>Year Level – PRIMARY:</b> <b>SECONDARY:</b>

<b>MEDICAL CONDITION:</b>			
<b>Medication</b>	Dosage	Frequency	Expiry
Possible Side Effects:			

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<b>Medication</b>	Dosage	Frequency	Expiry
Possible Side Effects:			

### Prescribed Medications

For all **prescribed medications**, parents/caregivers must supply the following information:

1. Authority from a registered medical practitioner with the reason for the medication to be provided.
2. The medication can only be administered before the expiry or use-by date.
3. Medication must be in its original container, labelled with the student's name, medication name, dosage, and frequency of administration.
4. The parent must immediately notify any changes in medication or dosage.
5. Original script or authority to be provided and/or a copy.

In addition, it is preferred by St Mary MacKillop College that:

1. Should students require cut medication, a Webster Pack filled by a Chemist is to be provided.
2. Webster Packs are required for all overnight camps/excursions.

I hereby give permission for the staff at St Mary MacKillop College to administer medication to the student mentioned above and I have supplied the necessary medication and information.

<b>NAME OF PARENT:</b>	Phone:
Signature:	Date:
<b>EMERGENCY CONTACT NAME:</b>	Phone:

### OFFICE USE ONLY:

Time to be Administered:	
Healthcare Practitioner Authority sighted and copy attached	Yes / No
Start Date:	End Date: