

# Students' Own Medication

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ALL students requiring medications other than panadol for occasional or daily use MUST complete a "Student Own Medication" form and return it to the Health Centre with the required medication so that it can be made available to them when needed.

Please complete the following information and return it, along with the clearly marked medication to the Health Care Centre. It is important that all new medication sent is in a sealed blister pack or container & has the expiry date clearly indicated on the packaging. Also – please ensure ALL sections of this form are filled in or acknowledged.

If there are any queries regarding medication management or your daughter's welfare please contact the Health Care Centre on 9757 0831.

**Wendy Langford and Annette McKernan**  
College Nurses - Registered DIV 1  
Phone: 9757 0831  
Email: [HealthCentre@materchristi.edu.au](mailto:HealthCentre@materchristi.edu.au)

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

Student Name: \_\_\_\_\_

Pastoral Group: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_

Expiry Date of Medication: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

Duration of Treatment: \_\_\_\_\_

Special Requirements: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_