



## Students own medication form

ALL students requiring medications 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 in its original packaging 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.

Annette McKernan and Cherene Onslow

Phone: 9757 0831

College Nurses - Registered DIV 1

Email: HealthCentre@materchisti.edu.au

<b>Student Name</b>		Date	
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<b>Medication Name</b>			
Expiry Date		Dose	
Time of Administration			
Duration of Treatment			

<b>Medication Name</b>			
Expiry Date		Dose	
Time of Administration			
Duration of Treatment			

<b>Medication Name</b>			
Expiry Date		Dose	
Time of Administration			
Duration of Treatment			

Parent/Guardian Name: \_\_\_\_\_

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