



COLLEGE MEDICATION RECORD

This information is confidential and will be available only to relevant staff and emergency medical personal.

Medication can be administered at school when it is necessary for a student to safely participate in their educational program.

Medication must be provided in either a Webster Pack or blister pack prepared by a pharmacist in line with a Doctors prescription **OR if medication is for short term administration only**, in its original pharmacy packaging, labelled with the student's name, medication name, dosage and frequency of administration.

Where the medication is a Controlled Drug (S8), is insulin or is pain relief that must be administered for more than 72 hours, a letter from the prescribing doctor confirming this, a medical care plan signed by a medical practitioner, or an original script (sighted and copied) is required prior to the medication being administered by school staff.

PARENT/GUARDIAN TO COMPLETE

Name of Student	
Date of Birth	
Allergies	
Current additional Medications	

MEDICATION INSTRUCTIONS

Name of Medication	
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Strength	Dosage
Time to be administered	Route
Medication start date	Medication end date

Prescribing Doctors Name	
Reason for Medication	
Side effects/comments	

	I confirm that my child is well enough to participate in the school day.
	I confirm that this medication has been given to my child previously (a first dose cannot be given at school).
	I understand that medication must be provided to the College in the way described in this medication agreement.
	I approve release of this information to emergency personnel.
	I authorise the above medication to be administered as prescribed by the College.
	I agree to immediately notify the College if there is any change in medication or dosage.

Parent/Guardian Information

Parent/Guardian Name	Phone Number	Email

Details of Emergency Alternate contact

Contact Name	Contact Number

Parent signature

Name/signature of receiving staff member

Date