Permission to Administer Oral (by mouth) Medication Form

I hereby give permission to College staff to administer the following oral medication to my child:

Student Surname: .....

Student's First Name: .....

Class/Roll Class: .....

Name of Medication: .....

Dose: .....

Frequency: (e.g. twice a day) .....

Time: (e.g. recess & lunch) .....

Administration in Relation to Food: (e.g. before food, with food, not applicable) .....

.....

If medication is required for more than one day, please specify time period: (e.g. Monday, Tuesday & Wednesday or when required for 1 week)

.....

MEDICAL INFORMATION

Type of Medication: (e.g. antibiotic; analgesic) .....

Reason for Medication: (e.g. infection; headache) .....

Please list any possible side effects/adverse reactions: (e.g. nausea) .....

.....

Any other comments/details .....

.....

Parents requiring administration of oral medication to students by College staff must complete all details on this medication form and hand it in to the College office.

Please ensure that medication is clearly labelled with your child's name, medication name and dosage and frequency instructions in the original container / packet provided by the pharmacist/chemist. Each time medication is administered it is recorded.

I understand that the College accepts no responsibility for any complications arising from the administration of any medication for which I have authorised to be given on my behalf. I release the College from and will indemnify the College in respect to any claim my child may have against the College arising out of complications suffered by my child as a result of such administration of medication.

Parent/Carer/Guardian Signature: .....

Date: ..... Contact No: .....

Shellharbour Anglican College
1 Piper Drive Dunmore | PO Box 4147 Shellharbour PO NSW 2529
P (02) 4297 6029 | F (02) 4297 8473 | www.shellharbourac.nsw.edu.au
A school within the Anglican Schools Corporation group | ABN 63 544 529 806