



St Brendan's School		St Mary's School
1 Ti Tree Road, Dunnstown 3352	131 Powells Road,	Clarkes Hill 3352
Tel: 0353 347604 Fax: 0353 347042	Tel: 0353 345280	Fax: 03534 5445
www.sbdunnstown.catholic.edu.au From Bungaree Parish Schools Medication and		<u>ill.catholic.edu.au</u> - Y
Student Medication Form to be completed by the Parent/Gu	ardian	
This form should be completed if you wish the staff of the administer medication to your child while they are at school.	Bungaree Pari	ish Schools to
Student Name		
Parent/Guardian/Care Giver Name		
Contact Phone Number		
Doctor's Name		
Doctor's Phone Number		
Medical/Health Condition		
Medication as prescribed for the Medical/Health condition:		
Medication Name:		
Dosage:		

Time/s required to be administered: _____



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- This form is valid for the current school year only
- Medication must be sent to school in the original container clearly showing for whom the medication was dispensed and other relevant details as provided by the pharmacist
- It is the parent/guardian/care giver's responsibility to ensure that sufficient and indate supplies of the prescribed medication is available at the school for appropriate administering by school staff
- It is the parent/guardian/care giver's responsibility to advise the school in writing of any changes to the student's condition or prescribed medication
- The school staff will record medication as given on the 'Student Medication Record' which will be made available to parents for verification should the need arise

In signing this form I/we fully understand and accept the conditions as outlined above and in accordance with the Bungaree Parish Schools "*Medication and First Aid*" Policy.

Signed: _____

Date:		

(To be completed and sent to Office for filing)