calvary CHRISTIAN COLLEGE

Right Start, Bright Future

CONSENT TO ADMINISTER MEDICATION FORM

Name of student: _____ Class: _____

Referring Doctor: _____

I request the First Aid staff of Calvary Christian College to administer the following medication to the above named child, according to the instructions provided on the medication label as prescribed by an authorised Health Practitioner

PLEASE NOTE: Verbal instructions from the parent or a pharmacy label will not be sufficient.

Name of Medication: _____

Dosage to be administered: _____

Time to be administered: _____

Amount of medication given to the College:

Number of tablets: _____ or mls of Liquid: _____

Expiry Date of medication: _____

Is the medication to be picked up at the end of the school day? _____

Unused or expired medication to be returned to the parent:

□ Yes □ No

Under no circumstance will a student be given expired medication

In the case of short-term medication (e.g. antibiotics, ear drops, cough mixture) **this form is valid until the course is complete**

In the case of long-term medication (e.g. pain medication, Ventolin, anti-histamine) **this form is valid for one school year or until medication expires.**

Name of Parent/Guardian: _____ Date: _____

Signed: _____

Administrative use only

Calendar Entry	Saved
Added to Medication Register	Database