



STUDENTS DETAILS

Name

Surname

Date of birth

Year level

Classroom teacher

MEDICATION ADMINISTRATION INFORMATION

Please ensure any medication delivered to the school is in its original packaging and the pharmacy label matches the information shown below.

Name of medication/s	Dosage quantity/mls	Expiry date	Time/s to be taken	How is it to be taken?	Dates start/end	Time last administered

MEDICATION STORAGE

Please indicate if there are specific storage instructions for the medication

MONITORING EFFECTS OF MEDICATION

Please note school staff **DO NOT MONITOR** the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Any new medication initial administered **SHOULD BE MADE** at home under supervision of a parent/guardian. Following treatment can be made by the school staff upon written consent.

PARENT/GUARDIAN'S CONSENT

- As the parent/guardian of the above-mentioned child I request and authorise Ilim College nurse/staff to administer the following medication.
- I warrant that provided with this authority is that as described above.
- I am aware that any information regarding changes to this medication including type, dosage etc. must be forward to Ilim College in writing.
- I am aware that it is my responsibility to maintain an adequate supply of this medication at Ilim College.
- Medication has been delivered to school in its original packaging and the pharmacy label matches the information included on this form.

Parent/guardian name

Parent/guardian signature

Date