Northside Christian College

Administer Medication Authority

This document authorises the College to administer medication as per the directions provided and signed by the students Parent/Carer below.

Student Name:	Class:
Medication Name/Details:	
Dosage amount: Time: How often (e.g. daily):	
Prescribing Doctor:	
Does this medication require refrigeration? Y N	Is this medication to be TAKEN HOME each day? Y N
Does this medication need to be taken to off-campus activities (e.g. sport, excursions, and camps)? Y N	
Is this REGULAR or SHORT TERM medication? ☐ Regular (Long Term) ☐ Short Term – duration (days/weeks):	

- I hereby request the delegated school staff to administer the necessary medication to my child while at school.
- I agree to notify the school, in writing, if there are any changes in the above medication.
- I confirm this medication is not out of date and is **in its original pharmacy labelled packaging** with the student's name, dosage and time/s to be taken.
- I confirm the student has received a dose at home without ill effect.

NOTE: controlled/scheduled medications (e.g. Ritalin, Dexamphetamine) must be accompanied by a letter from the child's medical practitioner explaining the dosage/time/condition to be treated.

Parent/Carer Name:	Contact Number:
Parent/Carer Signature:	Date:

COLLEGE USE ONLY:

Provision of medication must be verified and signed by two staff members at all times.

Date Administered	Time	Dosage	Qty Remaining	STAFF CODE #1	STAFF CODE #2	Notes