By signing this form you are giving permission for appropriately trained staff to administer the listed medication.

### Student Details

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given name(s)</th>
<th>Class</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Medication Details

<table>
<thead>
<tr>
<th>Medication Name</th>
<th>Dosage Amount</th>
<th>Dosage Time</th>
<th>Latest Time *</th>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Disposal of Medication

- ☐ Parent to collect from office
- ☐ Disposal by College Staff

### Other Instructions

*Latest Time: Please specify the latest possible time that medication can be administered to your child. Should this time elapse, medication will NOT be administered.

Please Note:

1. All medication MUST be supplied to the College with full written instructions from the parent/guardian.
2. Medication must clearly show:
   a) the name of the medication;
   b) the dosage to be dispensed;
   c) how often the medication is to be administered;
   d) the student’s full name.
3. Written notification MUST be supplied by parent/guardian of any changes to the above.

Signature of Parent/Guardian: ________________________________  Date: ___ / ___ / ___

**Office Use Only**

- ☐ Student records updated on Edumate
- ☐ Disposal by College Staff