Authorisation for Administration of Student Medication 2027

To be completed by parent/carer (non-prescription) OR doctor/pharmacist /RN (prescription) each calendar year

Student name: _____ Date of birth: _____ Class: _____

Medication to be given to student during school hours (please print additional copies of this form if more space is needed).

Reason	Medication	Dose	Frequency or time/s of administration	Other instructions	Doctor use only Student permitted to self-administer
Eg., Asthma, Ear ache	E.g., Amoxicillin	E.g., 750mg	E.g., 9.00am and 2.00pm	E.g., with food, nasal spray	

I understand that this form provides authorisation for St Mary's College authorised staff to administer or supervise administration (where required) of medication to the student named.

Name: _____ Relationship to student: _____ Phone number: _____

Signature: _____ Date: _____

Prescription Medication

Doctor's name: _____ Doctor's signature: _____

Personal information collected on this form is to be used to provide support services for your child. This will only be used for the primary purpose for which it is gathered, except where authorised or mandated by legislative requirements (e.g. Mandatory Reporting). For further information, please contact St Mary's College Risk and Compliance Officer, Maria Walker on mwalker@smc.tas.edu.au.

ST MARY'S COLLEGE

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Medication sign in/out

Name of medication *(please ensure brand/generic name matches medication label)*	Amount (number of tablets, Webster-pak etc.)	Date provided	Date collected	Signature of parent/carer	Signature of staff member	In original box/ container/packaging (batch # is the same)
E.g., Ritalin	E.g., 30 tablets	Example: 03/04/27	Example: 05/07/27			