Calvary Christian College

A Ministry of Logan Uniting Church

MEDICATION ADMINISTRATION

CHILD'S NAME:_____

PERIOD OF ADMINISTRATION:_____ TO:_____

MEDICAL CONDITION:_____

MEDICATION: _____

SIDE EFFECTS:_____

DOSAGE: Quanity_____Frequency/Times:_____

SCHEDULE

Date	Time	Administered By (name and signature)	Date	Time	Administered By (name and signature)

Parent/Guardian Contacts_____

Home Phone:_____ Work Phone:_____

Emergency:_____

I authorise the school to administer medicine as prescribed to my child (named above)

_____ _____

Signed **Date**

The above information is collected for the primary purpose of assisting staff to fulfil their role of teaching, duty of care and administration. Calvary Christian College abides by the National Privacy Act 2001. For further information please do not hesitate to contact the College Administration.