



Student Medication Form

Kindergarten - Year 12 Catholic College
Continuing Catholic Education since 1908

V2

Student Information

First Name

Surname

Date of Birth

Medication 1 Information

Name of Medication

Dosage

Frequency

Route of Administration

Reason for Medication

Possible side effects

Allergies or Other Medications

Administration Instructions

Medication 2 Information

Name of Medication

Dosage

Frequency

Route of Administration

Reason for Medication

Possible side effects

Allergies or Other Medications

Administration Instructions

Medication must be in its original container, labelled with the student's name, medication name, dosage, and frequency of administration. The school nurse or designated staff member must monitor student self-administration of medication and documenting it. The parent / caregiver will immediately notify any changes in medication or dosage.

Parent / Caregiver 1

Signature

Date

Parent / Caregiver 2

Signature

Date