GLASSHOUSE CHRISTIAN COLLEGE

Student Medication Authorisation & Administration Record

All medication supplied to the College must be in a container labelled by a pharmacist or other Medical Practitioner, showing the name of the drug, the use by date, the name of the medical practitioner, the name of the student, the dosage and the frequency of administration. **All medication is to be kept at the College Office.**

I understand that a new Student Medication Request Form must be completed if there is any change to any of the instructions below.

Full name of student .....

Date of Birth ..... Year Level .....

Name of Medical Practitioner .....

Address ..... Ph .....

Name of Medication .....

Dosage ..... Time to be taken .....

Commencement Date ..... Conclusion Date .....

Special Arrangements .....

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Parent/Guardian Signature ..... Date .....

Medication has been administered to the above student as follows:

DATE	TIME	STAFF MEMBER