

APPENDIX 2 MEDICATION AND SUPPLEMENT INFORMATION FORM



METHODIST
LADIES'
COLLEGE

Student Surname _____

Student Given Names _____

Student Year _____ Programme Name _____

RECENT MEDICAL INFORMATION

a. Please indicate any recent or current relevant medical information that has changed since your last 'Confidential Medical Information Form' was submitted. If this is not applicable please write N/A.

b. If your daughter develops any further medical conditions prior to departure on _____, please email the tour/camp leader so that our medical information is complete and allows the staff to provide the best care for your daughter.

MEDICATION - PRESCRIPTION AND NON PRESCRIPTION

I, _____ Parent/Guardian of _____

(student), grant permission for (please select) my daughter to self-administer OR staff to administer the following prescription and/or non prescription (eg 'Panadol', 'Codral Cold and Flu, 'Vitamin C") drugs. Prior to a student self administrating any medication (prescription or non prescription), students must inform a staff member. Once informed a staff member will then monitor the student's condition.

NAME OF DRUG	DOSE	TIME/S TO BE TAKEN	STAFF OR SELF TO ADMINISTER DRUG	MEDICAL CONDITION
Eg: Claratyne	1 tablet	8am/2pm/8pm	Self	Hayfever

Permission for self administering of drug.

Parent/Guardian _____ Date ____ / ____ / ____

