

Name of student:																							
Date of birth:		Date form submitted:																					
Name of parent:		Parents signature / consent:																					
Medical condition / illness:																							
<p>Medicine/s: WE CAN ONLY HOLD PRESCRIBED MEDICATION AND THIS MUST BE SUPPLIED IN ITS ORIGINAL BOX, WITH PRESCRIPTION LABEL</p> <p><i>Please continue on another sheet, if you require more space – this must be attached and signed</i></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">Name and type of medicine</th> <th style="width: 15%;">Amount provided</th> <th style="width: 30%;">Dosage, method and timing</th> <th style="width: 15%;">Date dispensed</th> <th style="width: 10%;">Expiry date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Name and type of medicine	Amount provided	Dosage, method and timing	Date dispensed	Expiry date															
Name and type of medicine	Amount provided	Dosage, method and timing	Date dispensed	Expiry date																			
Special precautions / other instructions:																							
Are there any side effects to the medication/s that the academy needs to know about?																							
Self-administration: <i>(delete as appropriate)</i> Yes / No																							
<i>To be completed by the academy:</i>																							
Medication start date:																							
Medication end date:																							
Review to be initiated by:																							
Agreed review date:																							