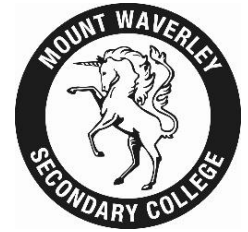


Mount Waverley Secondary College

College Postal Address: PO Box 346 Mount Waverley 3149

Internet home page: www.mwsc.vic.edu.au



ABN 19 486 840 793

Senior Campus

Lechte Road Mount Waverley
Phone: 9803 6811 Fax: 9887 9308

Junior Campus

145 Stephensons Road Mount Waverley
Phone: 9887 9290 Fax: 9887 9231

Permission to Administer Medication

I give permission for the following medication to be administered to my child as outlined below. I will notify the college in writing if the order changes.

Student's name: _____

Student's MWSC ID Code: _____

Home Group: _____

Medication: _____

Dose: _____

Route (*oral, topical, eye drops*): _____

Time (*e.g. lunch time, 4 hourly*): _____

Cease medication on (*if applicable*): _____

Doctor's name and phone number: _____
(*if applicable*)

Medication Administration Permission Expiry Date: _____
(*Note: A referral has a maximum duration of 1 year – most have only 6 months*)

It is the responsibility of parents/carers to ensure medication is updated.
Please feel free to contact any of the college nurses if you have any concerns.

Parent/carer's signature: _____ **Dated:** _____

Parent/carer's contact numbers: _____

College Nurses are: Michelle Taylor, Deb Radi, Jody Clooney, Caz Coady, Penny Fleming
(All Division 1 Nurses)

Mr Paul Graham
Manager of Student Wellbeing

Note: This form is valid for the current school year only.

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