







Dear Parents and Carers

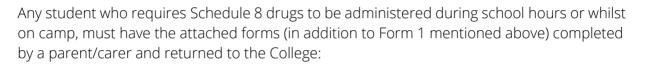






I am writing to advise that any student who requires medication to be dispensed during school hours or whilst on excursion, must have the attached Request to Dispense Medicine form (Form 1) completed by a parent/carer and returned to the College. This includes any medications such as Epipens, headache or hay fever tablets which will be taken to the conference for daily or occasional use.







Form 2: Notification and Request by Parent/Carer for the Administration of





Form 3: Deed of Indemnity (Schedule 8 Drugs)



Schedule 8 drugs are listed by the Pharmaceutical Benefits Scheme and include all medications used in the treatment of Attention Deficit Disorder (ADD) and Attention Deficit Hyperactive Disorder (ADHD).



It is the responsibility of parents/carers to ensure that medication held by the College for their daughters is in date. Any medication dispensed at school or on excursion must be supplied in the container in which it was purchased from the pharmacy, must be clearly labelled with your daughter's name, and include the name of the drug, the dosage and frequency with which it is



to be given and the prescribing doctor's name and phone number.



Please note that without the signed forms, staff will not be able to dispense medication to your daughter whilst on excursion. These forms should be returned by daughter to her House Coordinator by Monday 13 February 2023.



The required medication is to be handed to the designated First Aid officer on the day your daughter departs for the excursion.



With kind regards Anna Masters Principal











FORM 1 REQUEST TO DISPENSE MEDICINE



To be completed by Parent or Carer

I request that my daughter:		
(Full name of student)		
PC be given / allowed to take		
(Name of Medication)		
at (times)		
in dosages of(ml or tablets) For the Medical Condition:		
		Any other relevant comments:
	carers to ensure that all medications are in date. All	
medication supplied to the College must be in clearly labelled with:	the container in which it was dispensed. It must also b	
your daughter's name		
• the drug's name		
• the dosage and frequency to be given		
The prescribing doctor's name and pho	one number	
Parent/Carer name (please print)	_	
Signed:	Date [.]	



Notification And Request by Parent/Carer for the Administration Of Medication During School Hours – Schedule 8 Drugs

To be completed by Parent or Carer	
I request that my daughter:	(Full name of student)
PC Class	
be allowed to take medication at school according to instruction	s from:
(Full name of Prescribing Do	ctor)
(Address and phone number of Presc	ribing Doctor)
The medication has been prescribed for the following reason:	
I hereby give permission to the Principal to obtain relevant inform	mation from the Prescribing Doctor.
I accept and agree to observe the conditions imposed by the sci	nool and understand and agree that it is
my responsibility to inform the Principal of any changes involving	g the administration of the medicine. I
agree to indemnify the school and related parties on the terms	of the attached Deed of Indemnity.
Please note: It is the responsibility of parents/carers to ensure t	hat all medications are in date. All
medication supplied to the College must be in the container in v	which it was dispensed. It must also be
clearly labelled with:	
 your daughter's name 	
• the drug's name	
 the dosage and frequency to be given 	
The prescribing doctor's name and phone number	
Parent/Carer name (please print)	
Signed:	Date:



FORM 3 DEED OF INDEMNITY (SCHEDULE 8 DRUGS)

In consideration of the members of staff of Merici College, at my request administering medication to
my daughter:
Full name of student:PC
I hereby indemnify and agree to keep indemnified the Catholic Education/Schools Office and its
employees and agents, and Merici College and its employees and agents, including the teachers and
other staff of the school, from and against all actions, suits, claims, demands, complaints and causes of
action (including for or in respect of death, personal injury or any alleged infringement of the rights of
any person) and the costs thereof in respect of or arising directly or indirectly out of such administration
of medication.
Signed, sealed and delivered by the said:
Parent/Carer name (please print)
Signature of Parent/Carer
In the presence of: Date
Witness (please print name)
Signature of Witness