24 January 2023

Dear Parents and Carers

ADMINISTRATION OF MEDICATION

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, antibiotics that are to be taken here at school.

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 she is in the care of the school. These forms should be returned either by hard copy or email to Student Services – <u>attendance@merici.act.edu.au</u>. All required medication is to be taken under supervision at Student Services.

We also require up to date action plans for medical conditions such as Asthma, Epilepsy, Anaphylaxis and Diabetes. Please click <u>here</u> to access forms that you can use for this purpose. It is the responsibility of Parents and Guardians to ensure that a copy of your child's management plan is provided to the College at the commencement of each Academic Year.

With kind regards

Anna Masters Principal

MERICI COLLEGE

Wise StGPO Box 154BraddonCanberraACT 2612ACT 2601

Telephone (02) 6243 4100 Facsimile (02) 6243 4199 principal@merici.act.edu.au www.merici.act.edu.au FORM 1 **REQUEST TO DISPENSE MEDICINE**



To be completed by Parent or Carer

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: _____

Please note: It is the responsibility of parents/carers to ensure that all medications are in date. All medication supplied to the College must be in the container in 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: _____