



Dear Parents and Carers

ADMINISTRATION OF MEDICATION – YEAR 7 CAMP

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 camp for daily or occasional use.

Any student who requires Schedule 8 drugs to be administered during school hours or whilst on camp, must have the attached forms (in addition to Form 1 mentioned above) completed by a parent/carer and returned to the College:

Form 2: Notification and Request by Parent/Carer for the Administration of medication during School Hours – Schedule 8 Drugs only

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 Friday 17 February 2023.

The required medication is to be handed to the designated First Aid officer on the morning your daughter departs for the excursion. Should you have any queries regarding the above, please email Kate Durham, Deputy Principal Wellbeing (kate.durham@merici.act.edu.au).

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: _____

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: _____



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 instructions from:

(Full name of Prescribing Doctor)

(Address and phone number of Prescribing Doctor)

The medication has been prescribed for the following reason:

I hereby give permission to the Principal to obtain relevant information from the Prescribing Doctor. I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving 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 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: _____



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