



**ST BEDE'S COLLEGE**  
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# Medication Form

## (FOR STUDENTS DURING SCHOOL HOURS)

I authorise the staff of St Bede's College to administer to:

STUDENT'S NAME: .....

YEAR LEVEL: .....

MEDICAL CONDITION: .....

.....

MEDICATION: .....

.....

DOSAGE: .....

.....

FREQUENCY: .....

TIME TO BE GIVEN: .....

.....

PARENT/GUARDIAN NAME: .....

PARENT/GUARDIAN SIGNATURE: .....

DATE: ..... DAYTIME CONTACT No: .....

**NOTE:** All medication needs to be supplied by parents in the **ORIGINAL PACKET** clearly labelled with the student's name and year level.