



TAIGUM STATE SCHOOL

'Strive for the Best'

266 Handford Road, Taigum, Q 4018
Phone: 3632 9888 Fax: 3632 9800
Email: admin@taigumss.eq.edu.au

Student Medication at School

In accordance with Education Queensland Policy, the following information must be supplied to school in writing. Please complete all sections of this form and submit it to the Office with the medication in its original packaging which includes the pharmacy label detailing the name of the person authorised to take the medication.

Student Details

Student Name:		Year Level:		D.O.B.	
---------------	--	-------------	--	--------	--

Medication Details

Name of Medication:	
Time to be administered:	
Dosage:	
Period of treatment:	
Reason for use:	
Administration guidelines: (if any)	
Possible side effects:	

Doctor's Details

Doctor's Name:	
Surgery Phone Number:	
Surgery Address:	

Parent's Details

Parent's Name:			
Home Phone Number:			
Work Phone Number:			
Mobile Phone Number:			
Parent's signature:		Date:	

Please pin copies of any relevant doctor's / pharmacist's notes or instructions to this note