**STUDENT MEDICATION ADMINISTRATION: PARENT REQUEST FORM**

1. **College**

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| **College** | **Maronite College of the Holy Family** |
| **Principal’s name** | **Sr Irene Boughosn** |

1. **Student**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | | **Student Photo** |
| **Student name** |  | | | *(Affix if desired)* |
| **Condition** |  | | |
| **Doctor** |  | **Phone** |  |
|  |  |  |  |
|  |  |  |  |

1. **Medication**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of medication** |  | | |
| **Pharmacist** |  | **Phone** |  |
| **Administration method** |  | | |

1. **Parent or Guardian Requesting Administration of Medication**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Relationship** |  |
| **Contact phone** |  | **Return unused medication to carer?** | Yes No |
| **Permission note date** |  | **Permission note filed in student’s records?** | Yes No |

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| --- | --- | --- | --- | --- |
| **Dosage** | | **Time** | **Date** | **Name of Person Administering** |
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