**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**  |  |
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|  |  |  |  |

1. **Medication**

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

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

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| --- | --- | --- | --- |
| **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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