



Bacchus Marsh
Grammar

MEDICATION INFORMATION SHEET

Student's Name _____

Tutor Group _____

This form must be completed if you are requesting medication to be administered to your child by a Bacchus Marsh Grammar staff member. You must supply accurate details for all medications. If the guidelines below are not followed, medication will not be administered to your child.

Medication

- Name of medication
- Exact dosage required and specific details for administering the medication
- All medication must be supplied in original manufacturers packaging with student's name printed clearly

Prescription Medication

- Supplied in the original manufacturers packaging (or re packed by a pharmacist, complete with use by date)
- With attached pharmaceutical label clearly indicating name of student and the directions for administration.

Name Of Medication	Dosage	Time/Frequency	Medical Condition	Date To Finish Medication

☐ My child's medication will be collected at the end of the day.

I/We give permission for the staff at Bacchus Marsh Grammar to administer the above medication as detailed above.

Privacy Collection Notice

Under the Privacy Act (the Act) Bacchus Marsh Grammar is required to provide you with certain information as to how we protect your privacy and how we comply with the requirements of the Act and the 13 Australian Privacy Principles (APP's). This information is set out in our Privacy Policy which is available on the Bacchus Marsh Grammar public website (www.bmg.vic.edu.au) and also available upon request in hard copy from the Bacchus Marsh Grammar office.

Parent/Guardian Name: _____ Signature: _____

Date: _____