FORM 2

Catherine McAuley Catholic College
MEDOWIE

MEDICAL PRACTITIONER ADVICE TO SCHOOL

Section A - (To be completed by the parent/guardian)

The Principal of **Catherine McAuley Catholic College** seeks information which would assist the staff of the school in administering medication to my child: ……

I hereby give my permission for the necessary information to be supplied to the school.

I understand that the information so disclosed may be discussed by the principal of the school with other members of the staff in order to assess the ability of the school to meet my child's medical requirements.

Signed: …….. *(Parent/Guardian)* Date: ……

Section B - (To be completed by a medical practitioner)

Medical condition(s) of the child requiring treatment:

1: ……

2: ……

Medication to be administered during school hours:

For condition (1,2 etc)	Name of Medication	Dosage	Time/s of Administration	Special Instructions

Signed: …… Date: ……
(Medical Practitioner)