



# COBAR HIGH SCHOOL

PO Box 454 (Wetherell Cres) Cobar NSW 2835

Principal: **Shane Carter**

Where there's a will there's a way

Respect Excellence Safety

## Permission for staff to Supervise Student Self-Administration of Medication

Excursion: .....

Date/s: .....

**Please complete and hand to co-ordinating teacher with medication on the morning of departure**

(Complete a separate form for each medication)

Student Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

**Times and Dosage** - Please specify exact time and dosage of medication

Date	Time	Dose

Other instructions and information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Parent / Carer completing: \_\_\_\_\_

Parent / Carer Signature: \_\_\_\_\_

Date: \_\_\_\_\_