STUDENT MEDICATION REQUEST/RECORD: 2025

Where possible student medication should be administered by parents at home at times other than during college hours. To enable college staff to supervise the administration of Medication to a student, the Medication Request/Record must be signed by the students' parents or guardian. Medication for administration during college hours should be delivered to Student Services. All medication should be contained in properly labelled containers showing



the name of the student, the name of the medication and the appropriate dose and frequency. Unlabeled medication will not be accepted. Students are not permitted to have in their possession any medication or analgesics without permission from parents and the College.

College Staff are not permitted to provide analysics to students.

Asthma requires specific medication. Please provide daily dosage, frequency and any additional information necessary. (Please print neatly or type in the boxes)

Please send your complete	d Student Medica	tion Request/Reco	rd Form to studen	tservices@dalecc.	wa.edu.au
Name of Student					
Address					
Phone Number (Mobile):					
Work Number:					
Name of Medication					
Period Required	From		То		
Condition Treated	VE				
Dose to be given					
Comments					
Parer	nt/Guardian				
Name	- 10				
Signature					

	4	
Office Use Only	Initials	Date
Entered into TASS by Student Services		
Filed in student file & Teacher notified		

Date

(08) 9497 1444

150 Forrest Road, Armadale WA 6112

PO Box 273, Armadale WA 6992

@ dale@dalecc.wa.edu.au

www.dalecc.wa.edu.au

ABN: 60 654 705 610