



**Medication Form – Doctors Authorisation for Long Term Medication (12 months)**

Privacy Statement

The information requested by Council on this form may constitute personal information under the Privacy and Personal Information Protection Act 1998. Council is allowed to collect the information from you to consider this matter. Supplying this information is voluntary. However if you cannot or do not wish to provide the information, we may not be able to consider the matter. If you need further details, please contact the Privacy Officer, Campbelltown City Council, cnr Queen and Broughton Streets, Campbelltown. Please note that information provided may be shared with Department of Education (DEC), the Police, other relevant agencies and educators in accordance with applicable legislation.

Dear Doctor,

Please complete this form so that Campbelltown City Council’s Education and Care Services can give medication to your patient. If the child’s medical condition is contagious, he or she will not be able to attend the service.

**Only one medication is to be listed on this form. Please print clearly.**

Child’s full name

Date of birth

Reason for medication

Is this medication to treat a contagious medical/health condition?

Yes

No

Name of medication (please print)

Manner of administration

Dosage

for a period of

Days/Weeks (please circle)

Time/s when medication should be given (will not accept when necessary).

Required timeframe between each dose

Other specific details

Doctor’s name (please print)

Doctor’s signature

Date

Doctor’s phone number

Please stamp with doctor’s stamp

Thank you for your co-operation, Campbelltown City Council



