



Request to Administer Medication Information

To be completed by parent/caregiver to request for any medication to be given to their child.

Where possible, student medication should be administered by parents at home at times other than during school hours. As this is not possible in all instances, before the Principal approves school staff to administer prescribed medication to students, the following requirements must be met. No medication will be administered in school hours except by prior written agreement and approval by the Principal or delegate.

1. The doctor prescribing the medication is to be aware that school staff will administer or supervise the administering of medication to students.
2. The doctor is to provide in writing any additional information to staff regarding special requirements that may exist for the administration of the medication.
3. The doctor should provide in writing all information of any side effects of medication and consequences of providing medication when it is not necessary.
4. Prescribed medications are contained in properly labelled containers showing the name of the medication, student's name, dosage, frequency and the expiry date.
5. It is the responsibility of parents/guardians to provide the correct drug properly labelled. Improperly labelled drugs will not be administered.
6. Staff will not administer expired medication, it is the responsibility of parents and caregivers to ensure that medication is not expired.
7. It is also the responsibility of the parent/guardian to ensure medication is replaced before the expiry date, as staff cannot administer medications which are past their expiry date.
8. A new request/record agreement will be required if:
 - a. the dose or medication type is altered;
 - b. the regime is re-started/continues following the expiration of this request;
 - c. at the beginning of each new calendar year.

Prescribed student medication is to be presented to School Office on arrival at school and must be in the original packaging clearly showing the name of the student, the name of the medication, the dosage and frequency. All medications are kept in the School Office. No medications are allowed to be kept in children's school bags during the school day.

The Office Staff will check that this form is complete and present it to the Principal or delegate for final approval.

Please see next page for form.



Request to Administer Medication Form

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Parent/Caregiver Request

| | | | |
|--|--|------------------------------|--|
| Name of Parent/Caregiver | | | |
| Name of Student | | | |
| Prescribing Doctor | | | |
| Medical Condition | | | |
| Medication Name | | | |
| Medication Form | <input type="checkbox"/> Tablet <input type="checkbox"/> Liquid <input type="checkbox"/> Other: | | |
| Commencement Date | | Conclusion Date | |
| Dosage per Administration at School (eg mls or quantity of tablet) | | Time/s to be Taken at School | |
| Parent/Caregiver Signature | Being the parent/caregiver of the above student, I request that a school staff member administer the medication as prescribed above. | | |
| Date | | | |

Form to be presented to the School Office for approval by the Principal or delegate.

OFFICE STAFF TO COMPLETE SECTIONS BELOW THIS LINE

| | | | |
|----------------------|--|------------------------|--|
| Name of Staff Member | | | |
| All Details Included | <input type="checkbox"/> Yes <input type="checkbox"/> Other: | | |
| General Notes | | | |
| Quantity Received | | Approval to Administer | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Staff Signature | | Principal Signature | |
| Date | | Date | |

This form must be signed and approved by the Principal prior to administration of any medication.



Request to Administer Medication Record

To be completed by parent/caregiver to request for any medication to be given to their child.

| | | | |
|-------------------|---|-----------------|--|
| Name of Student | | | |
| Medication Name | | | |
| Medication Form | <input type="checkbox"/> Tablet <input type="checkbox"/> Liquid <input type="checkbox"/> Other: | | |
| Commencement Date | | Conclusion Date | |

| Date | Time | Dosage Given | Staff Signature | Staff Signature | Student Initials | Quantity Remaining |
|------|------|--------------|-----------------|-----------------|------------------|--------------------|
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