



## Administration of Medication at School Record Form

<b>SECTION 1 – Parent/Guardian to complete - Details of emergency/routine medication which may be required to be administered by school staff during school hours – lodge this form with school office.</b>								<i>[Insert student photo]</i>
<b>Student name</b>					<b>Date of birth</b>			
<b>Parent/carer name</b>					<b>Contact phone numbers</b>			
<i>I request that school staff administer the following emergency/routine medication to my child, if required, during school or school-related activities, as specified in this section</i>								
<b>Name of medication and treatment (eg Amoxicillin – Viral infection)</b>		<b>Dosage (e.g. 1 tablet)</b>	<b>Mode (e.g. by mouth)</b>		<b>Indications for use (e.g. one tablet three times daily with food)</b>		<b>Expiry Date (as listed on container)</b>	
<b>Name of Doctor</b>		<b>Contact phone number of doctor</b>		<b>Name of Pharmacist</b>		<b>Medicare No.</b>		
<b>Parent/carer signature</b>				<b>Date</b>				
<b>SECTION 2 – Medication Administrator to complete - Record of administration of a student's prescribed emergency/routine medication.</b>								
<b>DATE</b>	<b>TIME</b>	<b>DOSE GIVEN</b>	<b>DATE DOSAGE COMMENCED</b>	<b>BALANCE OF DOSAGE ON HAND</b>	<b>DATE DOSAGE CEASED</b>	<b>OUTCOME: RR – REST &amp; REASSURE RTC – RETURN TO CLASS RTP – RELEASE TO PARENT SA- SENT IN AMBULANCE</b>	<b>SIGNATURE OF ADMINISTERING OFFICER AFTER EACH DOSE</b>	
<b>Principal/Delegate signature</b>			<b>Date</b>		<b>Current Classroom teacher / Year level</b>			

Parent/carer has collected unused medication that was to be administered at school, but now is no longer required. Date: