

*Section 1 – Details of medication to be administered by school staff (Parent/Carer to complete)*

<b>Student name</b>	<b>Date of birth</b>	<i>Insert student photo below.</i>
<b>Parent/carer name</b>	<b>Contact phone number</b>	
I hereby request that school staff administer the following medication to my child at school or during school related activities, as specified in this section.		
<b>Name of medication</b>	<b>Route (e.g. oral)</b>	<b>Time/s to be given during school</b>
<b>Dosage (e.g. 1 tablet)</b>	<b>Strength (e.g. 10mg)</b>	
<b>Additional information</b>		
<b>Parent/carer signature</b>		<b>Date</b>

*Section 2 – Record of administration of a single medication at school (School use only)*  
**KEY: A – Student absent; S – Self administration; P – Parent/carer administered medication; X – School closed; O – Off campus; N/S – No supply of medication → Contact parent/carer; R – Student Refused → Contact parent/carer**

MONTH	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Jan																																		
Feb																																		
March																																		
April																																		
May																																		
June																																		
July																																		
Aug																																		
Sept																																		
Oct																																		
Nov																																		
Dec																																		

Parent/carer has collected unused medication that is no longer required to be administered at school.



*Section 1 – Details of emergency medication which may be required to be administered by school staff (Parent/Carer to complete)*

<b>Student name</b>		<b>Date of birth</b>		<i>Insert student photo below.</i>	
<b>Parent/carer name</b>		<b>Contact phone number</b>			
<p>we hereby request that school staff administer the following emergency medication to my child, if required, during school or school-related activities, as specified in this section</p>					
Name of medication	Dosage (e.g. 1 tablet)	Strength (e.g. 10mg)	Route (e.g. oral)	Indications for use (e.g. instructions for when and how this medication is to be administered)	
<b>Additional information</b>					
<b>Parent/carer signature</b>					
<b>Date</b>					

*Section 2 – Record of administration of a student's prescribed emergency medication (School use only)*

Date	Time	Dose given	Emergency services contacted	Outcome	Signature
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

Parent/carer has collected unused medication that is no longer required to be administered at school.

