



Administration of Medication at School Record Form

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.						[Insert student photo]
Student name			Date of birth			
Parent/carer name			Contact phone numbers			
<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>						
Name of medication		Dosage <i>(e.g. 1 tablet)</i>	Mode <i>(e.g. by mouth)</i>		Indications for use <i>(e.g. one tablet three times daily with food)</i>	Expiry Date <i>(as listed on container)</i>
Name of Doctor		Contact phone number of doctor		Name of Pharmacist	Medicare No.	
Parent/carer signature				Date		
SECTION 2 – Medication Administrator to complete - Record of administration of a student's prescribed emergency/routine medication.						
Date	Time	Dose given	BALANCE OF DOSAGE ON HAND	Outcome <i>(e.g. RRM=rest reassure monitor, RTC=released to class, RTP=released to parent, SA=sent by ambulance)</i>		Signature of administering officer
Principal signature					Date	

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