



### 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>Parent/carer signature</b>						<b>Date</b>		<b>Medicare No.</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>BALANCE OF DOSAGE ON HAND</b>	<b>Outcome (e.g. RRM=rest reassure monitor, RTC=released to class, RTP=released to parent, SA=sent by ambulance)</b>			<b>Signature of administering officer</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: