



# ADMINISTRATION OF MEDICATION TO STUDENTS REGISTER

## ELEMENT 4.4 RECORDS MANAGEMENT

SCHOOL: \_\_\_\_\_

<b>STUDENT NAME:</b>			<b>PHOTO IF DESIRED</b>		
<b>CONDITION:</b>					
<b>DOCTOR:</b>		<b>PHONE NO:</b>			
<b>NAME OF MEDICATION:</b>					
<b>PHARMACIST:</b>			<b>PHONE NO:</b>		
<b>METHOD OF ADMINISTERING THE MEDICATION:</b>			<b>EXPIRY DATE:</b>		
<b>Parent/Guardian who requested the medication administration.</b>					
Name: _____					
Relationship: _____ Contact Phone No. _____					
Unused medication returned to carer: YES / NO ( <i>circle one when applicable</i> )					
<b>Parents's Signature:</b> _____					
<b>Principal's Signature:</b> _____					
<b>Quantity of medicine/tablets given to school (eg. 10 tablets in bottle, 1 x 200ml bottle of medicine opened at home)</b> _____					
QUANTITY DISPENSED	DATE	TIME	New Balance (e.g. number of tablets)	PERSON WHO DISPENSED / ADMINISTERED MEDICATION	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

Permission Note to be filed in Student's records

Reference: [Education Queensland](#)

Date of issue: January, 1994

Date of last review: March 2013

Date of next review: January, 2015

<b>DOSAGE</b>	<b>TIME</b>	<b>DATE</b>	<b>PERSON WHO ADMINISTERED MEDICATION</b>
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