



### Short Term/ Medication Administration at School

Name		Year	
Date of Birth		Home Room	

Please list all medications that your child requires during school hours. Please also list medication administered at home.

	Medication 1	Medication 2	Medication 3
Name of Medication			
Expiry date			
Dose/frequency (may be as per pharmacist's label)			
Duration (dates)	From: To:	From: To:	From: To:
Route of administration			
Administration Tick appropriate box	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/> Kept & managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept & managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept & managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>
Other useful instructions or information/side effects			

I/we authorise school staff to provide health care support for my/our child. It is valid from one year or until I/we advise the school of a change in my/our child's health care requirements or changes to the above medications.

Parents/carers Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_

Authorising Practitioner Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date : \_\_\_\_\_



**NAGLE**  
CATHOLIC  
COLLEGE  
EST 1994

**NOTE:**

For **school staff** to administer medication, **authorisation is required** from a medical practitioner

The following points are for security and safety purposes.

- The parent notifies the school in writing to administer medication. This may include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- Provide medication in **original pharmacy labelled container** to the school.
- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken.
- Notify the school in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or change of label from a pharmacist.
- The student has received a dose at home without ill effect.
- Advise the school in writing and collect the medication when it is no longer required at school.
- Where parents are working with a prescribing health practitioner to determine a dose for that day (e.g. insulin, Rivotril) parents will provide a letter from the prescribing health practitioner instructing that parents will be responsible for notifying the school of the adjusted dose.
- This form will be reviewed annually or as the students is prescribed a change in medication.