REQUEST TO ADMINISTER MEDICATION

(To be completed by parent/guardian for any medication to be given to their child)

1. Where possible, student medication should be administered by parents at home at times other than during school hours.
2. No medication will be administered in school hours except by prior written agreement. The parent's written authorisation must be sighted.
3. It is the responsibility of parents to ensure that all prescribed medications are contained in properly labelled containers showing the name of the medication, student's name, student's class, dosage, frequency and the expiry date and to ensure that all medications are kept up to date.
4. The school will store medications securely. Medication is stored in accordance with the prescription or the label.
5. A designated staff member must monitor student self-administration of medication, which will be documented.
6. Action plans for conditions such as asthma and anaphylaxis must be signed by your doctor as required.
7. A new request/record agreement will be required if:
   - the dose or medication type is altered.
   - the regime is re-started/continues following the expiration of this request.
   - at the beginning of each new calendar year.
8. It is the responsibility of the parent/guardian to ensure medication is replaced before the expiry date, as staff cannot administer medications which are past their expiry date. The parent must immediately notify any changes in medication or dosage.
9. Please ensure writing below is legible.
10. A separate form is to be completed for each medication to be administered.

Name of Student:		
Name of Parent/Caregiver:		
Parent Contact Information:		
Date of Birth:	Name of Prescribing Healthcare Practitioner:	
Medical Practice Details:		
Medical Condition Being Treated:		
Name of Medication:		Expiry:
Dosage:	Frequency/ Time(s) to be taken:	
Route of Administration:		

Original Script or Authority Sighted and Copy Attached:	Yes	No
Reason for Medication:		
Administration Instructions:		
Possible Side Effects:		
Allergies or Other Medications:		
Commencement date (i.e., current date):		
Conclusion date (e.g., date or "until further notice"):		
Emergency Contact Name:		
Emergency Contact Phone Number:		

Parent/guardian signature: Date:

Designated staff member signature: Date:

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