



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.						<i>[Insert student photo]</i>
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 (e.g. 1 tablet)	Mode (e.g. by mouth)		Indications for use (e.g. one tablet three times daily with food)		Expiry Date (as listed on container)
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 (e.g. RRM=rest reassure monitor, RTC=released to class, RTP=released to parent, SA=sent by ambulance)		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: