

BUILDING BETTER MEN

Request to Administer Medication at School

| Student Name: | | | | | Date of Birth:// | | |
|---|--|-------------------------------------|--------------------------------------|--------------------------------------|--|---------------------------|--|
| Please list all med at home and any | - | • | es during scho | ol hours. Please | also list medicat | ion administere | |
| Name of medication | Dosage (e.g. 1 tablet) | Strength (e.g. 10mg) | Route (e.g. oral) | Time/s to be given at school | Time/s to be given at home | Other useful instructions | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Parent/Guardian Na | ame: | | | | | | |
| Parent/Guardian Si | gnature: | | | | Date:/ | | |
| hereby request that agree to notify the | | | • | - | | | |
| Authorising Practiti | oner Name: | | | | | | |
| Authorising Practiti | oner Signature: | | | | Date: | //_ | |
| Note: For school sta | aff to administer | over-the counter | medication, au t | thorisation is requ | uired from a medica | al practitioner. | |
| The following points 1996 (QLD). | s are for security | and safety purpo | se and are requi | rements of the He | ealth (Drug and Pois | sons) Regulation | |
| The parent prescribingProvide me | health practitio dication in origi | ner, including potonal pharmacy lab | ential side affec elled container | ts or adverse reac to the school. | clude written guide tions. he student's name | | |

- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s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)
 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 student is prescribed a changed in medication.

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