Section 1 – Details of medication to be administered by school staff (Parent/Carer to complete)	tails of med	dicatio	n to t	e ad	minis	stered	by sc	:hool :	staff ((Parent	VCare	er to co	omple	te)													incort et	indont .	shots h	olow,
Student name	ne																	Ď	ate o	Date of birth	5							2000	0.00	
Parent/carer name	r name													ဂ	Contact	0	hone number	num	ber											
I hereby request that school staff administer the following medication to my child at school or during school rel	st that scho	ol sta	ff adr	ninist	er th	e follo	owing	medic	ation	to my	child	at sch	lool or	durin	g sch	ool rel	ated a	ctivitie	es, as	lated activities, as specified in this section.	ed in	this se	ection							
Name of medication	cation					(e.c	Dosage (e.g. 1 tablet)	blet)	© 8	Strength (e.g. 10mg)	mg)	Ro	ute (e	Route (e.g. oral)	al)			╛	ne/s t	Time/s to be given during school	jiven	during	gsch	00						
Additional information	nformati	on										-					0													
Parent/carer signature	r signatı	ıre																D	Date											
Section 2 – Record of administration of a single medication at school (School use only) KEY: A – Student absent, S – Self administration, P – Parent/carer administered medication; X – School closed; O – Of	cord of adn EY: A – Stu	ninistr dent al	ation osent;	of a	single self ac	me me	dication; tration;	n at s	choo!	l (Scho	ol use	e only)	nedica	tion; X	- Sch	ool clo	sed; O	- Off o	ampu	s; N/S -	- No st	o Alddi	fmedi	cation-	>Cont	act pa	School closed; O – Off campus; N/S – No supply of medication → Contact parent/carer:	ren		
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☐ Parent/carer has collected unused medication that is no longer required to be administered at school	s collected in	5 5 5 5			11 -1	THE SHAPE		SAPERINGS.							DESCRIPTION OF THE PROPERTY.	Karling Street				A THE STATE OF	SECTION SECTIO									

[☐] Parent/carer has collected unused medication that is no longer required to be administered at school.

