

Section 1 – Details of medication to be administered by school staff (Parent/Carer to complete)

Student name

Date of birth

Insert student photo below.

Parent/carer name

Contact phone number

I hereby request that school staff administer the following medication to my child at school or during school related activities, as specified in this section.

Name of medication

Dosage
(e.g. 1 tablet)

Strength
(e.g. 10mg)

Route (e.g. oral)

Time/s to be given during school

Additional information

Parent/carer signature

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 – Off campus; N/S – No supply of medication → Contact parent/carer;

R – Student Refused → Contact parent/carer

MONTH	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Feb		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
March							X	X													X	X										
April							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
May							X	X																								
June							X	X																								
July							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Aug							X	X																								
Sept							X	X																								
Oct							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Nov							X	X																								
Dec							X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

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