

St Joseph's Catholic Primary School Wandal

Request to Administer Medication at School

Important Information

For school staff to administer prescribed medication and over - the counter medication, authorisation is required. All medication must be in original packaging and have an original pharmacy label with the child's name, dosage, time to be taken and other relevant directions.

		ome without ill effect. Poisons) Regulation 1996	(Qld).	Yes/No
Student's Name: Class:				
Date of Birth:	/ /			
Name of Medication	Dosage	Time to be Administered	Dates to be Administered	Other Instructions or Information
 (Qld). The parent/guathe prescribing Provide medical betaken. Notify the school aprescribing heart student has a Advise the school Where parent/Rivotril) parent responsible for This form will heart school where where the school of the sc	ardian notifies the sch health practitioner, in tion in original pharm tion is not out of date not in writing when a content eath practitioner or content is received a dose at health and colleguardians are working tardians are working tardians will proving notifying the school content in the school of the reviewed annually of	ty purposes, and are requirent mool in writing to administer in including potential side effect macy labeled container to the e and has an original pharmacy change of dosage is required. change of label from a pharmacy mome without ill effect. ect the medication when it is gwith a prescribing health prade a letter from the prescribing of the adjusted dose. or as the student is prescribed fic Primary School Wandal	medication. This may incits or adverse reactions. e school. y label with the student's. This instruction is to be a acist. no longer required at school citioner to determine a cing health practitioner insulation.	clude written guidelines from a name, dosage and time/s to accompanied by a letter from ool. dose for the day (e.g. insulin structing that parents will be
I agree to notify the s	chool, in writing, if	there are any changes in t	the above medications.	
		·		/ /
Signature of Parent / Guardian				Date
Office use only				