



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.

All medications must be delivered to and collected from the administration office by an adult.

Has the student received a dose at home without ill effect. Yes/No
If 'no' refer to the Health (Drug and Poisons) Regulation 1996 (Qld).

Student's Name: _____

Class: _____

Date of Birth: / /

Name of Medication	Dosage	Time to be Administered	Dates to be Administered	Other Instructions or Information

Please note:

The following points are for security and safety purposes, and are requirements of the Health (Drug and Poisons) Regulation 1996 (Qld).

- The parent/guardian notifies the school in writing to administer medication. This may include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- Provide medication in **original pharmacy labeled container** to the school.
- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken.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 parent/guardians are working with a prescribing health practitioner to determine a dose for the day (e.g. insulin, Rivotril) parents/guardian 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 change in medication.

I hereby request the St Joseph's Catholic Primary School Wandal staff administer the necessary medication to my child while at school.

I agree to notify the school, in writing, if there are any changes in the above medications.

Signature of Parent / Guardian

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Date

Office use only

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