FRANCIS JORDAN
CATHOLIC SCHOOL

25 Peterborough Drive,
Currambine, WA 6028
T: 08 9404 2400
E: admin@fjcs.wa.edu.au

THE TRUTH WILL SET US FREE

ABN 76 143 496 887

SCHEDULE 1

School Medication Record

Student Name:

Student Date of Birth:

Name of Medication:

Dosage: Frequency:

Route of Administration:

Prescribing Healthcare Practitioner:

Original Script or Authority Sighted and Copy Attached: Yes ☐

Reason for Medication:

Start Date: End Date:

Administration Instructions:

Possible Side Effects:

Allergies or Other Medications:

Parent Name: Parent signature:

Parent Contact Information:

Phone: Email:

Emergency Contact Name: Phone:

School Nurse or Designated Staff Member Signature:

Date:

Notes:

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Medication must be in its original container, labelled with the student's name, medication name, dosage, and frequency of administration.

The parent’s written authorisation to administer medication must be sighted.

The school nurse or designated staff member must monitor student self-administration of medication and documenting it on this form.

The parent must immediately notify any changes in medication or dosage.

Staff Signature: Date:

Date	Time	Medication	Dose	Name & Sign	Witness name & sign	Amount