

# STUDENT MEDICATION REQUEST/RECORD

## Appendix 1

Where possible student medication should be administered by the student or be administered by the parent/guardian at home in times other than school hours. As this is not possible in all instances, should the Principal approve school staff to administer medication to students, the following requirements are to be met.

The doctor prescribing medication is to be aware that school staff will administer or supervise the administering of medication to students. The doctor is to provide any additional information to staff regarding special requirements that may exist for the administration of the medication.

Medication is to be presented to the Class Teacher and should be stored in a container clearly showing the name of the student, the name of the medication, the dosage, the frequency and the expiry date.

I .....being the parent/guardian  
of student ..... request that  
(name)

.....administer the following  
(Name of school)  
medication as prescribed by Dr.....

for the purpose of treating .....

Name of medication ..... (condition)

Dose .....

Time to be taken .....

Date to discontinue medication .....

Comments .....

Date	Time	Dose	Sign

.....Parent/Guardian

.....Date

.....Principal

.....Date

**MEDICATION INSTRUCTIONS FROM PRESCRIBING DOCTOR  
APPENDIX 2**

These instructions are requested from the prescribing doctor to enable the school to maintain its 'duty of care' when administering prescribed drugs to students whose condition would otherwise preclude attendance at school.

Dr \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

I have prescribed the drug \_\_\_\_\_

For (name of student) \_\_\_\_\_

Date of birth \_\_\_\_\_

To treat the condition of (name of medical condition) \_\_\_\_\_

This drug needs to be administered (dose) \_\_\_\_\_

(frequency/time) \_\_\_\_\_

**Are special arrangements necessary to administer the drug or monitor the student after drug administration?**       Yes       No

If medical attention is required directly after drug administration an Ambulance will be called. Please indicate your acceptance of this arrangement.       Yes       No

*Note: In an emergency the School prefers that the Ambulance 000 emergency service is used.*

**\*If no**, please provide adequate reason to the contrary and advise alternate arrangements.

\_\_\_\_\_  
\_\_\_\_\_

**Please provide details below:** (Please advise whether second dose of medication can be administered in the event the first does not alleviate symptoms)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Prescribing Doctor

\_\_\_\_\_  
Date