STUDENT MEDICATION ADMINISTRATION RECORD

Please fill out this form if your child:

- ☐ Is a Day student requiring medication to be dispensed during school hours by the Health Centre staff on a regular basis
- ☐ If your child requires medication to be dispensed by staff on a camp or excursion
- ☐ If your child is a Boarding student and requires medication at any time

Please complete one form for each child and for EACH medication required.

Each medication must be labelled with a Pharmacy label, even if it is an Over-The-Counter medication.

NAME OF STUDENT:	
DOB:	
KNOWN ALLERGIES:	
NAME OF MEDICATION TO BE ADMINISTERED:	
WHAT THIS MEDICATION HAS BEEN PRESCRIBED FOR (eg allergy, mood control etc):	
TIME/S MEDICATION NEEDS TO BE ADMINISTERED:	
DOSAGE/S TO BE GIVEN AT THESE TIMES:	
ROUTE MEDICATION NEEDS TO BE GIVEN BY (eg orally, inhaled, apply to skin, intra-muscular injection, eye drops etc):	
EXPIRY DATE OF CURRENT MEDICATION:	
DOES THE LABEL ON THE MEDICATION COINCIDE WITH THE INFORMATION LISTED ON THIS FORM?	YES NO If no, this must be corrected before it can be dispensed by staff.
PARENT NAME:	
PARENT SIGNATURE:	
DATE FORM COMPLETED:	____/___/_____