



# Request to Administer Medication at School

Date:

<b>Student's Name</b> <i>(This must match name on medication)</i>	
<b>Class/Year Level</b>	
<b>Name of Medication</b>	
<b>Reason for Medication</b>	
<b>Exact Dosage to be Administered</b> <i>(not 'as per box/weight' etc)</i>	
<b>Time to be Administered</b>	
<b>Method of Administering Medication</b>	
<b>Prescribing Doctor</b>	
<b>Is this Permanent or Short Term Medication?</b>	<input type="radio"/> Permanent <input type="radio"/> Short Term
<b>If Short Term, Duration to be Administered</b> <i>(days/weeks)</i>	

I hereby request that school 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 medication.

Parent/Carer

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE:**

Scheduled medications (e.g. Ritalin, Dexamphetamine) should be accompanied by a letter from the child's medical practitioner explaining the dosage/time/condition to be treated.

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

- The parent 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 labelled 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- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken.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.
- This form will be reviewed annually or as the student is prescribed a change in medication.

**OFFICE USE ONLY**

PLEASE PHONE THROUGH TO CLASSROOM TO REMIND STUDENT. EXTENSION: \_\_\_\_\_ TEACHER: \_\_\_\_\_