FORM 3 - ADMINISTRATION OF MEDICATION

This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis.				
Note: Long term administration of medication should be incorporated in a health care plan.				
School:	Year: Fo	orm:		
Students Name:	Date of Birth:			
Family Contact Details Address:	Gender:			
Telephone No: Teacher:				
Section A: Medication Instructions – To be completed by parent/carer (Note: Medication must be provided by parents/carers)				
	Medication 1		Medication 2	
Name of medication				
Expiry date				
Dose/frequency – (may be as per the pharmacist's label)				
Duration (dates)	From: To:		From : To:	
Route of administration				
Administration Tick appropriate box	By self Requires assistance		By self Requires assistance	
Storage instructions	Stored at school		Stored at school	
Tick appropriate box(es)	Kept and managed by self		Kept and managed by self	
	Refrigerate		Refrigerate	
	Keep out of sunlight		Keep out of sunlight	
	Other		Other	
	Culoi		Curo	
Will staff need to be trained to administer your child's medication? Yes No If yes, describe the type of training the staff would require:				
Section B – Authority to Act				
This administration of medication form authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for the specified time period as noted above. Parent/Carer: Date:				
OFFICE USE ONLY				
Date received:				
Is specific staff training required? Yes No : Type of training:				
Training service provider: Name of person/s to be trained:				
Date of training: When this course of medication concludes, please retain this form in the student's school file.				
when this course of medication concludes, please retain this form in the student's school file. FORM 3 PAGE 1 of 1				

Form 12 - RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION Date Time Support/Medication Staff Member Signature/Initials Record from: / / to: / / Date: / / Signed: ___ FORM 3 PAGE 2 OF 2