



ADMINISTRATION OF MEDICATION AT SCHOOL

Student Name		Year	
Date of Birth			

If your child requires medication to be administered during the school day or at a school-based activity, please complete the details below. Staff must be aware of the medical needs of students in their care; therefore, the College requires a diagnosis or clear reason for the administration of medication at school.

Medical Condition/Reason	
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Please complete one form for each medications that your child requires to be administered while at school.

Name of Medication			
Expiry date			
Dose/frequency (as per pharmacist's label)			
Duration (dates)	From:		To:
Prescribed Medications For all prescribed medications, parents/caregivers must supply the following information:	1. Medication must be prescribed in writing by a registered medical practitioner.	<input type="checkbox"/>	
	2. Medication must be supplied in its original container, labelled with the student's name, medication name, dosage and frequency of administration.	<input type="checkbox"/>	
	3. Medication must not be expired and must be within its use-by date.	<input type="checkbox"/>	
	4. Medication must be given exactly as stated on the packaging instructions or written medical instructions.	<input type="checkbox"/>	
	5. The parent must immediately notify any changes in medication or dosage.	<input type="checkbox"/>	
Other useful instructions or information/side effects			

I hereby give permission for the staff at Our Lady of Mercy College to administer the above medication to the student mentioned above and I have supplied the necessary medication and information.

Parent/ Caregiver		Date	
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Please Sign
(or right-click on the field and choose sign.)

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X



Office Use Only

Time to be Administered	
Medication received	
Medication received in original container	
Number of Tabs	
Start Date	
End Date	
Staff Signature	
Copy of form offered to parent	
Entered AoS	
Filed Student Services	