

Section 1 – Details of medication to be administered by school staff (Parent/Carer to complete)

Insert student photo below.

Student name		Date of birth	
Parent/carer name		Contact phone number	
I hereby request that school staff administer the following medication to my child at school or during school related activities, as specified in this section.			
Name of medication	Dosage (e.g. 1 tablet)	Route (e.g. oral)	Time/s to be given during school
Additional information			
Parent/carer signature			Date

Section 2 – Record of administration of a single medication at school (School use only)

KEY: A – Student absent; S – Self administration; P – Parent/carer administered medication; X – School closed; O – Off campus; N/S – No supply of medication → Contact parent/carer; R – Student Refused → Contact parent/carer

MONTH	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Jan																																	
Feb																																	
March																																	
April																																	
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June																																	
July																																	
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Nov																																	
Dec																																	

Parent/carer has collected unused medication that is no longer required to be administered at school.