Student Medication Request/Record

Where possible, student medication should be administered by the student or be administered by the parent/guardian at home in times other than school hours. As this is not possible in all instances, before the Principal approves school staff to administer prescribed medication to students, the following requirements must be met.

1. The doctor prescribing the medication is to be aware that school staff will administer or supervise the administering of medication to students.
2. The doctor is to provide in writing any additional information to staff regarding special requirements that may exist for the administration of the medication.
3. The doctor should provide in writing all information of any side effects of medication and consequences of providing medication when it is not necessary.

Prescribed student medication is to be presented to the Administrator/Teacher on arrival at school and must be in a container clearly showing the name of the student, the name of the medication, the dosage and frequency. All medications are kept in Sick Bay at St Benedict's. **NO MEDICATIONS** are allowed to be kept in children's school bags during the school day.

Parent Permission:

I _____ being the parent/guardian of student

_____ request that _____
(student's name) ***(staff member's name)***

administer the following medication as prescribed by Dr _____

for the purpose of treating _____.
(name of condition being treated)

Name of medication: _____ Dosage: _____

Liquid: ☐ Yes ☐ No Tablets: ☐ Yes ☐ No

No of Tablets provided: _____

Received by Staff:

_____
Name ***Signature***

Time to be taken: _____

Additional Comments: _____

_____

_____ _____
(Date) (Signature Parent/Guardian or student 18 yrs and over)

Please turn over the page and complete

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Note:

1. The doctor's written information should be attached.
2. Any additional relevant information should be attached.

Administered By (Name): _____ Time Administered: _____

Signature: _____

Checked By (Name): _____ Signature: _____

Liquid Dosage: _____ mls No of Tablets: _____

Additional Comments: _____

_____

Medicine returned by staff : _____

Date: Name: Signature

Medicine received by Parent/Guardian: _____

Date: Name: Signature