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 ca	re plan.						
School: Boddington District High School	Year: F	Form:						
Students Name:	: Date of Birth:							
Family Contact Details Address:	Gender:							
Telephone No:	Teacher:							
Section A: Medication Instructions – To be com	pleted by parent/carer (Note:	Medication must	be provided by parents/care	rs)				
	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					
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 noted above. Parent/Carer:	o follow my/our advice and/or that of o Date:	ur medical practition	er. It is valid for the specified time p	period as				
OFFICE USE ONLY								
Date received:								
Is specific staff training required? Yes No [Training service provider:		raining: person/s to be tr	ained:					
Date of training:								
When this course of medication concludes, please r	etain this form in the student's	school file.	FORM 3 PAGE	 E 1of 1				

Form 12 - RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION Name: Date of Birth Year: Form: Teacher: RECORD OF HEALTH CARE SUPPORT/ADMINISTRATION OF MEDICATION Staff Member Date Time Support/Medication Signature/Initials

Record from:	/	/	to:	/ /		
Signed:					Date: / /	

FORM 12 PAGE 1 OF 1