



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: Singleton Primary School Year: Form:

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)

Table with columns for Medication 1 and Medication 2, and rows for Name of medication, Expiry date, Dose/frequency, Duration, Route of administration, and Administration/Storage instructions.

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.

