

FORM 3 - ADMINISTRATION OF MEDICATION

THIS FORM WILL USUALLY BE USED FOR SHORT TERM USE OF MEDICATION. IF STAFF TRAINING IS REQUIRED OR USE OF MEDICATION IS LONG TERM, A STANDARDISED OR GENERIC MANAGEMENT/EMERGENCY RESPONSE PLAN SHOULD BE COMPLETED.

STUDENT DETAILS

SCHOOL:	YEAR:	FORM:	INSERT PHOTO HERE (If required)
NAME:	DATE OF BIRTH:		
ADDRESS:	GENDER:		
FAMILY CONTACT DETAILS	TEACHER:		
NAME:	MEDICAL DETAILS		
ADDRESS:	DOCTOR 1:		
RELATIONSHIP TO STUDENT:	DOCTOR 2:	TELEPHONE:	
TELEPHONE: (W) (H) (M)	MEDICAL CENTRE:		
NAME:	PERMISSION IS GIVEN TO SEEK MEDICAL ATTENTION FOR MY CHILD AS REQUIRED FROM THE ABOVE MEDICAL CENTRE YES <input type="checkbox"/> NO <input type="checkbox"/>		
ADDRESS:	DO YOU HAVE AMBULANCE COVER? YES <input type="checkbox"/> NO <input type="checkbox"/>		
RELATIONSHIP TO STUDENT:	IF THERE IS A MEDICAL EMERGENCY PARENTS/CARERS ARE EXPECTED TO MEET THE COST OF THE AMBULANCE.		
TELEPHONE: (W) (H) (M)	STUDENT HAS A MEDICALERT BRACELET/PENDANT YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PROVIDE DETAILS:		

STUDENT HEALTH CARE PLANNING – TO BE COMPLETED BY PARENT/CARER

HEALTH CARE CONDITION/NEED

:

SECTION A – MEDICATION (IF APPLICABLE)

MEDICATION INFORMATION

	INSTRUCTIONS					
	MEDICATION 1		MEDICATION 2		MEDICATION 3	
NAME OF MEDICATION						
EXPIRY DATE						
DOSE/FREQUENCY – MAY BE AS PER THE PHARMACIST'S LABEL						
DURATION (DATES)	FROM : TO:		FROM : TO:		FROM : TO:	
ROUTE OF ADMINISTRATION						
ADMINISTRATION (TICK APPROPRIATE BOX)	BY SELF REQUIRES ASSISTANCE	<input type="checkbox"/> <input type="checkbox"/>	BY SELF REQUIRES ASSISTANCE	<input type="checkbox"/> <input type="checkbox"/>	BY SELF REQUIRES ASSISTANCE	<input type="checkbox"/> <input type="checkbox"/>
STORAGE INSTRUCTIONS (TICK APPROPRIATE BOX(ES))	STORED AT SCHOOL	<input type="checkbox"/>	STORED AT SCHOOL	<input type="checkbox"/>	STORED AT SCHOOL	<input type="checkbox"/>
	KEPT AND MANAGED BY SELF	<input type="checkbox"/>	KEPT AND MANAGED BY SELF	<input type="checkbox"/>	KEPT AND MANAGED BY SELF	<input type="checkbox"/>
	REFRIGERATE	<input type="checkbox"/>	REFRIGERATE	<input type="checkbox"/>	REFRIGERATE	<input type="checkbox"/>
	KEEP OUT OF SUNLIGHT	<input type="checkbox"/>	KEEP OUT OF SUNLIGHT	<input type="checkbox"/>	KEEP OUT OF SUNLIGHT	<input type="checkbox"/>
	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>

PARENT/CARER SIGNATURE: _____ PRINCIPAL SIGNATURE: _____
 DATE: / /

