



**SCHOOL NAME: St Mary's Catholic Primary School**  
**REQUEST TO ADMINISTER MEDICATION AT SCHOOL**

Name of Student: \_\_\_\_\_ Class: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Important Information**

For school staff to administer over-the-counter medication, authorisation is required from a medical practitioner. An **original pharmacy label with the child's name, dosage and time to be taken can be accepted as authorisation.**

Please list all medications your child requires during school hours or emergency medications they may require.

**Medication must be handed in to the school office (not the classroom teacher) with this completed form.**

Name of Medication	Dosage	Time to be Administered	Dates to be Administered	Other Instructions or Information

**Please Note:**

- The following points are for security and safety purposes, and are requirements of the *Health (Drug and Poisons) Regulation 1996 (Qld)*.
- The parent notifies the school in writing to administer medication. This may include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- Provide medication in **original pharmacy labelled container** to the school.
- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken.
- Notify the school in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or change of label from a pharmacist.
- The student has received a dose at home without ill effect.
- Advise the school in writing and collect the medication when it is no longer required at school.
- Where parents are working with a prescribing health practitioner to determine a dose for that day (e.g. insulin, Rivotril) parents will provide a letter from the prescribing health practitioner instructing that parents will be responsible for notifying the school of the adjusted dose.
- This form will be reviewed annually or as the students is prescribed a change in medication.

I hereby request that school staff administer the necessary medication to my child while at school.

I agree to notify the school, in writing, if there are any changes in the above medication.

**Parent's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_