

MEDICATION REQUEST AND RECORD OF ADMINISTRATION
'One off'

Name of Child Date

Name of prescribed medication

(The medication must be in the original container and packaging with instructions and given to the teacher on arrival at school)

Prescribed for (name on medication)

Date and time of last medication dosage By whom:.....

Prescribed Dosage

Frequency

Time to be given

Dates to be administered

Expiry date if the medication

Administer by spoon / syringe / sterile swab /other

Other instructions eg with food

Medication to be kept at school Y / N Refrigeration Y / N

If the medication is ongoing please complete ongoing form

It is the responsibility of the parents / carer to collect medication at the end of each day)

Name of Parent /authorised Carer

Signature (Parent/authorised Carer) Date

Date	Time	Dosage administered	Dosage method	Administered by (name)	Administered by (signature)	Educator witness (name)	Educator (signature)

Secure delivery of prescribed medication is important for the safety of your child as well as the safety of other students. **Medication must be provided to the class educators with this notification.**