Barrenjoey
Montessori School

ONGOING MEDICATION
Request and Record of Administration

Name of Child .....

Date of instruction .....

Name of Prescribed Medication .....
(The medication must be in the original container with instructions and given to the teacher on arrival at school either on a daily basis or as required)

Prescribed for (name of medical condition) .....

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

Expiry date of prescribed medication .....

Dosage..... Time of Dosage (if consistent) .....

Administer by spoon / syringe / sterile swab / other .....

Name of Parent /authorised carer .....

Signature (Parent/authorised carer) .....

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

it is the responsibility of the parent / carer to collect and deliver the medication from the classroom teacher as required and to ensure adequate medication is on site at any time.

Further comments or instructions:

.....
.....