

**Section 1 – Details of medication to be administered by school staff (Parent/Carer to complete)**

*Insert student photo below.*

**Student name** \_\_\_\_\_

**Parent/carer name** \_\_\_\_\_

**Contact phone number** \_\_\_\_\_

I hereby request that school staff administer the following medication to my child at school or during school related activities, as specified in this section.

Name of medication	Dosage (e.g. 1 tablet)	Strength (e.g. 10mg)	Route (e.g. oral)	Time/s to be given during school

**Additional information** \_\_\_\_\_

**Parent/carer signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Section 2 – Record of administration of a single medication at school (School use only)**

**KEY:** A – Student absent; S – Self administration; P – Parent/carer administered medication; X – School closed; O – Off campus; N/S – No supply of medication → Contact parent/carer  
 R – Student Refused → Contact parent/carer

MONTH	TIME	Date																																	
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31			
Jan																																			
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Parent/carer has collected unused medication that is no longer required to be administered at school.