



Administration of Medication

Before School Staff can dispense medications that are of short-term duration, such as antibiotics, cough medicines, ear drops or paracetamol, parents must complete an Administration of Medication Form (below).

For students on long-term medication, a trial of medical intervention, or an EpiPen, the School must receive a copy of the medical plan and a letter from your child's doctor or specialist. This letter should state the condition for which treatment is given, the name and dosage of medication, as well as any possible side effects which may be observed at school.

Only once we have a copy of the medical plan, letter and the signed Administration of Medication Form, can we administer the required medication and formulate an individual health care plan. This enables us to carry out our duty of care adequately.

FORM TO BE COMPLETED BY PARENT OR CAREGIVER

I/We _____ (please print name) request the administration of medication during school hours to _____ (please print child's name)

Descriptions of Medications/s					
Name of Medication	Amount/Dose at each time	Time of Dose	Starting Date	Ending Date	Medication Expiry Date

Reason for Medication/s: _____

Other Instructions: _____

I/We are responsible for delivery of the medication in the original container along with the instructions to the School, for ensuring that medications are in date and advising the School of any changes in the child's medical needs or dosage in writing.

I/We release Inaburra School and its employees from any liability for loss, damage or injury however caused to my child's person or property arising out of administering or failure to administer the medication described above.

CONTACT DETAILS

Home: _____ Business: _____ Mobile: _____

Parent / Caregiver's Signature: _____ Date: _____