



# ADMINISTRATION OF MEDICATION TO STUDENTS REGISTER

## ELEMENT 4.4 RECORDS MANAGEMENT

### Holy Name Primary School, Toowoomba

STUDENT NAME:			
CONDITION:			
DOCTOR:	PHONE NO:		
NAME OF MEDICATION:			
PHARMACIST:		PHONE NO:	
METHOD OF ADMINISTERING THE MEDICATION:			
DOSAGE	TIME	DATE	PERSON WHO ADMINISTERED MEDICATION
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
<p>Note the name of the Parent/Guardian who requested the medication administration.</p> <p>Name: _____</p> <p>Relationship: _____ Contact Phone No. _____</p> <p>Unused medication returned to carer: YES/NO _____ Date: _____  <i>(circle one)</i></p> <p><b>Parent's Signature:</b> _____</p> <p style="text-align: center;"><b>Please note conditions of administration on reverse of this form.</b></p>			

Permission Note to be filed in Student's records

Reference: Education Queensland

Date of issue: January, 1994

Date of last review: May, 2011

Date of next review: May, 2013

DOSAGE	TIME	DATE	PERSON WHO ADMINISTERED MEDICATION
11.			
12.			
13.			
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**Toowoomba Catholic Education Office requires that, before medication is administered:**

- 1. A parent has completed a permission form.**
- 2. The label on the medication clearly states:**
  - a) The name of the child**
  - b) The name of the medication, the dosage and times it is to be administered**
  - c) The name of the prescribing physician and original label MUST be on the container.**

**N.B. ANALGESICS, COUGH MIXTURES, PARACETAMOL ETC WILL NOT BE ADMINISTERED**

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