



**SECTION A**

**PARENT REQUEST FORM/ PRESCRIBED MEDICATION**

This form must be completed for medication to be administered to your child during school hours. It has been designed to ensure the safety of your child and to protect school staff who do not have medical training. The following points are for security and safety purposes, and are requirements of the *Health (Drug & Poisons) Regulation 1996 (Qld)*. **Parent or legal guardians are required to:**

- Complete **Section A (Part A & B)** and **Section B (Part B)** of this form. This request *may* include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- Provide medication in **original pharmacy labelled container** to the school.
- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken.
- The student has received a dose at home without ill effects.
- Advise the school in writing and collect the medication when it is no longer required at school.
- A new form is to be completed if the student is prescribed a change in medication, and/or if the regime is re-started after the conclusion date of the initial instructions and/or at the beginning of each new calendar year.

**Please return the completed form and medication (as per the details listed above) to the school office. Where possible, medication should be administered to your child at home at times other than during school hours.**

**Part A**

**MEDICATION INSTRUCTIONS AS PRESCRIBED BY A MEDICAL PRACTITIONER**

These instructions are as prescribed by the student's Medical practitioner to enable the school to maintain its *duty of care* when administering medication to students whose condition would otherwise preclude attendance at school.

Medical Practitioner's Name:	
Address:	
Name of Student:	
Name of Medication:	
Dose:	
Time to be taken:	
Commencement date:	
Conclusion date:	

Special arrangements: (e.g. monitoring the student after administration; restrictions on participation in school activities such as sports or use of machinery; side effects; emergency actions.)

**Part B**

**NOTIFICATION AND REQUEST BY PARENT/PERSON WITH LEGAL RESPONSIBILITY FOR STUDENT FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS**

I request administration of medication as instructed above for my son/daughter. I understand the school personnel cannot assure that anything more than a reasonable effort will be made to assist the student and I further agree to waive any claims of liability that may arise against any school personnel relative to the administration of this medication to my child, according to the instructions provided above.

Full name of student:			
Date of Birth:		Grade:	

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
*(Parent or person with legal responsibility for the student)*

Contact details:	Mobile		Phone:	
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Form can be found on website for offic



**SECTION B**

**PARENT REQUEST FORM/ PRESCRIBED MEDICATION**

This form must be completed for medication to be administered to your child during school hours. It has been designed to ensure the safety of your child and to protect school staff who do not have formal medical training.

**Part A** is to be completed by your child's **Medical practitioner**.

**Part B** - As previously stated, is to be **completed by a parent or legal guardian**. Please return the completed form to the school office.

**Where possible, medication should be administered to your child at home at times other than during school hours. Furthermore, for the Principal to undertake to assist in administering medication to your child, the following requirements must be met:**

- Your child's medical practitioner must provide the information required in Section **PART A** below, and
- All medication supplied to the school for your child must be in a container labelled by a pharmacist, showing the name of the drug, the 'use by' date, the name of the student's medical practitioner, the name of the student, the dosage and the frequency of the administration.

**PART A  
MEDICATION INSTRUCTIONS FROM THE MEDICAL PRACTITIONER**

These instructions are required from the student's **Medical Practitioner** to enable the school to maintain its *duty of care* when administering medication to students whose condition would otherwise preclude attendance at school.

Medical Practitioner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time to be taken: \_\_\_\_\_

Commencement date: \_\_\_\_\_ Conclusion date: \_\_\_\_\_

Special arrangements; (e.g. monitoring the student after taking medication; restrictions on participation in school activities such as sports or use of machinery; side effects and/or emergency actions).

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**Signed by student's Medical Practitioner's. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PART B  
NOTIFICATION AND REQUEST BY PARENT/PERSON WITH LEGAL RESPONSIBILITY FOR STUDENT  
FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION DURING SCHOOL HOURS**

I request administration of medication as instructed above for my son/daughter.

Full name of student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Room No.: \_\_\_\_\_

**Note 1:** A new Student Medication Request Form must be completed:

- If the dose or type of medication is altered;
- If the regime is re-started following the conclusion date of the instructions from the medical practitioner above;
- At the beginning of each new calendar year.

**Note 2:** This form is only valid when instructions from the student's medical practitioner have been provided above (See Section 1).

Signed : \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent or person with legal responsibility for the student)*

Form can be found on website or office