06 December 2016

Dear Parent/Guardian,

Thank you for taking the time to read this very important information. Departmental Policy concerning the administering of prescribed medication to children requires a written authority from parents as well as the instructions from the doctor on the prescribed medication container. Medication cannot be given if the medicine / medication is not in the original container which must be accompanied by a Medication Form completed and signed by the parent / guardian.

To assist parents in this regard a pre-printed Medication Form has been supplied attached to this letter. This form can be held at home until required by you, then completed and forwarded to the school when a request is being made to administer medication to your child. Extra forms can be obtained from the school office on request.

Unfortunately, we can no longer give medication to any child who has not supplied a completed Medication Form. It should be noted that this form does not apply to Asthma sufferers.

Students with other significant health concerns (for example: Epilepsy, Anaphylaxis, Diabetes) need to discuss the development of an individualised health plan with their medical practitioner and provide a copy to the school upon commencement in 2017.

Your co-operation in this matter is appreciated.

Yours sincerely,

Trevor Rickertt
Principal
Administration of medication at school record sheet (routine/short-term medication)

Privacy Statement
The Department of Education and Training (DET) is collecting this personal information for the purpose of enabling school staff to administer the necessary medication to your child while at school or during school-related activities. This information will only be accessed by authorised departmental employees, including school staff and State Schools Nursing Services. In accordance with section 42B of the Education (General Provisions) Act 2006 (regarding student’s personal information) and the Information Privacy Act 2009 (parent/carer’s personal information) this information will not be disclosed to any other person or body unless you have given DET permission or DET is required or authorised by law to disclose the information.

This form is a record of a parent/carer’s request for the school to administer a single routine or short-term medication to their child. It is also designed to record the administration of this medication to a student by school personnel. For students who require more than one medication, a separate form will need to be completed for each additional medication. This form has space to record two doses of medication per day. More rows may be added if more than two doses are required per day. Where dosage requirements vary from day to day (e.g. for insulin, Rivotril), a letter is required from the prescribing health practitioner to advise the school that the parent/carer will be responsible for notifying the school of any adjusted doses.

N.B. If the student’s dosage of medication changes (e.g. 20mg to 30mg), complete a new Administration of medication at school record sheet (routine/short term medication).

Instructions
Prior to administering medication, confirm that:
- the parent/carer has completed Section 1 of this form and provided in-date medication in the original pharmacy labelled container
- the medication container has a valid pharmacy label which includes the name of the prescribing health practitioner to confirm that it is prescription medication
- the student has received a dose at home without ill effect prior to the school administering the medication
- the pharmacy label instructions match Section 1.

During administration
Follow sequence in Appendix 2: Administering routine/short term medication checklist (INCLASS protocols) in the Guidelines for the administration of medications in schools.

After administration:
Initial the appropriate box in Section 2 – Record of administration of a single medication at school to confirm that the medication was administered, or enter the appropriate code from the Key located at the bottom of Section 2.
### Section 1 - Details of medication to be administered by school staff (Parent/Carer to complete)

**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.

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Dosage (e.g. 1 tablet)</th>
<th>Route (e.g. oral)</th>
<th>Time(s) to be given during school</th>
</tr>
</thead>
</table>

### 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

**MONTH**

| TIME | 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  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Feb  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| March|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| April|   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| May  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| June |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| July |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Aug  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Sept |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Oct  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Nov  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Dec  |   |   |   |   |   |   |   |   |   |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

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- Parent/Carer has collected unused medication that is no longer required to be administered at school.

**Uncontrolled copy.** Refer to the Department of Education and Training Policy and Procedure Register at [http://prr.dfd.qld.gov.au](http://prr.dfd.qld.gov.au) to ensure you have the most current version of this document.