



COOMERA ANGLICAN COLLEGE

Administration of Medication to students during school hours

NOTE: This form must be completed prior to any medication being administered to a student by a College staff member.

MEDICAL PRACTITIONER/HEALTH CARE PROFESSIONAL/PHARMACIST SECTION

(delete which does not apply)

These instructions are requested from the prescribing Doctor to enable the College to maintain its "duty of care" when administering prescribed medication to students where such medication is required to be administered during school hours. This form may be completed by a Health Care Professional or Pharmacist acting on the advice of a medical professional.

Name of Doctor/Heath Care Professional:

Address:

Telephone:

I have prescribed (or dispensed on behalf of Dr) the medication

(name of medication)

for (name of student) to treat the condition

(name of medical condition)

to be administered until

(dosage)

(frequency)

(cessation date)

Special arrangements: (eg: self-administration, monitoring student after administration, side effects, emergency action plan, exclusion from physical activities etc). Attach separate page if required.

Signature of Medical Practitioner: Date:

PARENT SECTION

This form relates to (parents must provide a separate form for each child):

(Name of student) Date of Birth:.....

I understand that it is my responsibility to ensure the Prescription Medication and/or General Analgesics I have provided to Coomera Anglican College have not expired.

Prescription Medication (including Ventolin)

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

Name of Parent/Guardian (please print):

Signature of Parent/Guardian: Date:

General Analgesics

I request administration of the (name of Analgesic provided)

to my son/daughter as follows:

(indicate dosage and frequency)

Name of Parent/Guardian (please print):

Signature of Parent/Guardian: Date: