

Record of medication administration ('as-needed' medication) 2024

<Insert/attach student photo if required for identification purposes>

Student name	Date of Birth	Class
Medication	Route	

On receipt of the medication:

1. Check that the medication is in the original container
2. Check for medical authorisation e.g. pharmacy label, other written authorisation
3. Advise the parent/carer that they will need to collect any unused medication when it is no longer required to be administered at school
4. Attach the completed **Consent to administer medication** form
5. Attach the completed **Medication order to administer 'as-needed' medication at school / health plan / Action Plan**
6. Attach any additional written advice from the prescribing health practitioner
7. Refer to all information when administering medication
8. When the student displays the signs or symptoms listed in the **Medication order to administer 'as-needed' medication at school**:
 - If an emergency response (e.g. asthma/anaphylaxis/epilepsy), **administer medication as per Emergency Health Plan / Action Plan**
 - If a non-emergency response (e.g. for a migraine or toothache):
 - if it is not already known, contact parent/carer and ask when the student last had this medication
 - refer to written instructions from the prescribing health practitioner to determine if this medication can be administered at school on this occasion
 - seek confirmation of instructions from the principal/delegate to determine if this medication is or is not to be administered
 - if the medication is administered, contact the parent/carer to advise them of the time it was administered.

Student name		Date of Birth		Class	
Medication		Route			

Date:			Time:		
Emergency response →	Dose given:	Emergency services contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/carer contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of parent/carer: Outcome:	
Non-emergency response →	Parent/carer contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time medication last administered:	Medication administered at school: <input type="checkbox"/> Yes Dose given:	Outcome:	
Signature of staff member who administered the medication:			Name of staff member who contacted parent/carer:		

Date:			Time:		
Emergency response →	Dose given:	Emergency services contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/carer contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of parent/carer: Outcome:	
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