



ST SIMON PETER CATHOLIC PRIMARY SCHOOL

18 Prendiville Avenue, Ocean Reef 6027

STUDENT MEDICATION REQUEST / RECORD

Where possible student medication should be administered by the student or be administered by the parent/guardian at home in times other than school hours. As this is not possible in all instances, the Principal approves that school staff administer prescribed medication to students.

The doctor prescribing the medication is to be aware that school staff will administer or supervise the administering of medication to students. The doctor is to provide any additional information to staff regarding special requirements that may exist for the administration of the medication.

Prescribed student medication is to be presented to the Principal or School Secretary and should be stored in a container clearly showing the name of the student, the name of the medication, the dosage and frequency.

I _____ being the parent/guardian of student

_____ YEAR _____ request that St Simon Peter Catholic Primary School

administer the following medication as prescribed by

Dr _____ for the purpose of treating (condition)

Name of Medication _____ Dosage _____

Time to be taken: _____

Comments _____

Signature of Parent/Guardian _____

Date _____

Note Any additional information should be attached.

Office use only

Circulation Class Teacher Librarian Medication to be kept in cupboard

Destroy after (date) _____

St Simon Peter School is conscious of each person's right to privacy for personal information. Please see the School's Privacy Policy for specific information relating to the Privacy Act.



NOTIFICATION OF SELF-ADMINISTRATION OF PRESCRIBED MEDICATION

I _____ being the parent/guardian of
_____ year _____ inform the school that my child will self-
administer the following medication as prescribed by **Dr** _____ for
the purpose of treating (condition) _____

Name of Medication _____

Dosage _____ **Time medication will be taken** _____

Symptoms of misuse _____

Comments

Signature of Parent /Guardian _____

Date _____

- NOTE**
- * Attach additional information
 - * Bulk quantities of medication are **not to be** brought onto school premises
 - * Students to keep medication on person
 - * Records to be kept until child is 25 years of age

St Simon Peter School is conscious of each person's right to privacy for personal information. Please see the School's Privacy Policy for specific information relating to the Privacy Act.