

# Administration of medication at school record sheet (emergency medication)

## Privacy Statement

The Department of Education (DoE) 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 426 of the *Education (General Provisions) Act 2006* (Qld) (regarding student's personal information) and the *Information Privacy Act 2009* (Qld) (parent/carer's personal information) this information will not be disclosed to any other person or body unless you have given DoE permission or DoE 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 prescribed emergency medication to their child. It is also designed to record the administration of this medication to a student during school hours or school-related activities. For students who require more than one medication, a separate form will need to be completed for each additional medication. More rows may be added to Section 2 if required.

The student's Emergency Health Plan/Action Plan should be attached to the emergency medication record sheet/s for easy reference.

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 \(emergency medication\)](#).

N.B. This form is NOT designed to record the administration of a school's first aid emergency medication to a student with no previous diagnosis. In these instances, schools should follow the recording requirements of the [Managing first aid in the workplace procedure](#).

## Instructions

On receipt of a student's emergency medication from their parent/carer, confirm that:

- the parent/carer has completed Section 1 of this form
- the parent/carer has provided the student's Action Plan (e.g. ASCIA Anaphylaxis Action Plan, Asthma Action Plan)
- 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 pharmacy label instructions match Section 1.

During administration:

- Follow the instructions on the student's relevant health plan (e.g. Emergency Health Plan, Asthma Action Plan, ASCIA Anaphylaxis Action Plan).

After administration:

- Complete Section 2
- Contact the parent/carer to advise them that emergency medication has been administered and the actions the school is taking to support the student.

Section 1 – Details of emergency medication which may be required to be administered by school staff (Parent/Carer to complete)					Insert student photo below.
Student name		Class		Date of birth	
Parent/carers name		Contact phone number			
I hereby request that school staff administer the following emergency medication to my child, if required, during school or school-related activities, as specified in this section					
Name of medication	Dosage (e.g. 1 tablet)	Strength (e.g. 10mg)	Route (e.g. oral)	Indications for use (e.g. instructions for when and how this medication is to be administered)	
Additional information					
Parent/carers signature		Date			
Section 2 – Record of administration of a student's prescribed emergency medication (School use only)					
Date	Time	Dose given	Emergency services contacted	Outcome	Signature
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		
			<input type="checkbox"/>		

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