

# Administration of medication at school record sheet (routine/short-term 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 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)                                                                                                                                       |      |   |   |   |   |   |   |   |   |                           |    |    |                         |    |               |                   |    |    |    |      |                                  |    |    |    |    |    |    | 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 medication to my child at school or during school related activities, as specified in this section.                                                                       |      |   |   |   |   |   |   |   |   |                           |    |    |                         |    |               |                   |    |    |    |      |                                  |    |    |    |    |    |    |                             |    |    |    |    |
| Name of medication                                                                                                                                                                                                                    |      |   |   |   |   |   |   |   |   | Dosage<br>(e.g. 1 tablet) |    |    | Strength<br>(e.g. 10mg) |    |               | Route (e.g. oral) |    |    |    |      | Time/s to be given during school |    |    |    |    |    |    |                             |    |    |    |    |
|                                                                                                                                                                                                                                       |      |   |   |   |   |   |   |   |   |                           |    |    |                         |    |               |                   |    |    |    |      |                                  |    |    |    |    |    |    |                             |    |    |    |    |
| Additional information                                                                                                                                                                                                                |      |   |   |   |   |   |   |   |   |                           |    |    |                         |    |               |                   |    |    |    |      |                                  |    |    |    |    |    |    |                             |    |    |    |    |
| Parent/carers 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/carers administered medication; X – School closed; O – Off campus; N/S – No supply of medication → Contact parent/carers;<br>R – Student Refused → Contact parent/carers |      |   |   |   |   |   |   |   |   |                           |    |    |                         |    |               |                   |    |    |    |      |                                  |    |    |    |    |    |    |                             |    |    |    |    |
| 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                                                                                                                                                                                                                                   |      |   |   |   |   |   |   |   |   |                           |    |    |                         |    |               |                   |    |    |    |      |                                  |    |    |    |    |    |    |                             |    |    |    |    |

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

