

# FORM 3 - ADMINISTRATION OF MEDICATION

THIS FORM WILL USUALLY BE USED FOR SHORT TERM USE OF MEDICATION.

(If staff training is required or use of medication is long term, a standardised or generic management/emergency response plan should be completed. Please see office staff.)

## STUDENT DETAILS

SCHOOL: Millen Primary School	YEAR: :	ROOM:
STUDENT NAME:	DATE OF BIRTH:	

## FAMILY CONTACT DETAILS

PARENT 1 NAME:	PARENT 2 NAME:
RELATIONSHIP TO STUDENT:	RELATIONSHIP TO STUDENT:
TELEPHONE:	TELEPHONE:

## STUDENT HEALTH CARE PLANNING:

HEALTH CARE CONDITION/NEED:

## SECTION A – MEDICATION (IF APPLICABLE)

### MEDICATION INFORMATION

	INSTRUCTIONS					
	MEDICATION 1		MEDICATION 2		MEDICATION 3	
NAME OF MEDICATION						
EXPIRY DATE						
DOSE/FREQUENCY – MAY BE AS PER THE PHARMACIST'S LABEL						
DURATION (DATES)	FROM : TO:		FROM : TO:		FROM : TO:	
ROUTE OF ADMINISTRATION						
ADMINISTRATION (TICK APPROPRIATE BOX)	BY SELF REQUIRES ASSISTANCE	<input type="checkbox"/> <input type="checkbox"/>	BY SELF REQUIRES ASSISTANCE	<input type="checkbox"/> <input type="checkbox"/>	BY SELF REQUIRES ASSISTANCE	<input type="checkbox"/> <input type="checkbox"/>
STORAGE INSTRUCTIONS (TICK APPROPRIATE BOX(ES))	STORED AT SCHOOL KEPT AND MANAGED BY SELF REFRIGERATE KEEP OUT OF SUNLIGHT OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	STORED AT SCHOOL KEPT AND MANAGED BY SELF REFRIGERATE KEEP OUT OF SUNLIGHT OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	STORED AT SCHOOL KEPT AND MANAGED BY SELF REFRIGERATE KEEP OUT OF SUNLIGHT OTHER	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PARENT/CARER SIGNATURE: \_\_\_\_\_

DATE: / /

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