



Request to Administer Medication at School (Short Term Medication)

This form applies to St Paul's School. This form is to be completed and returned to the School prior to administration of medication to a student by a staff member. The form does not apply to St Paul's School Early Learning Centre.

The form is to be used to administer a single routine prescribed/non-prescribed medication or for one course of antibiotics to treat infection.

Please complete one form per medication.

Student Name: _____ Date of Birth: _____

House: _____ Grade: _____ Student ID: _____

Name of Medication: _____

Strength: _____ Dosage: _____ Route: _____

Time to be given at School: _____

Dates to be given at School: From: _____ To: _____

Medication is to be stored in fridge: Yes No

Medication is to be taken:

with food before food N/A

Requirements of this form, the parent/carer consents:

- To notify the school in writing to administer medication by completing this form. This may also include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- To a St Paul's School authorised employee to administer the medication recorded on this form.
- To provide medication in original pharmacy labelled container to the school.
- To ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken. Including non-prescribed (over-the-counter) medication.
- To notify the school in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or change of label from a pharmacist.
- Their child has received a dose at home without ill effect.
- To advise the school in writing and collect the medication when it is no longer required at school. If medication is not collected the School will dispose of medication.

Please direct Middle School & Senior School infirmary enquiries to: infirmary@stpauls.qld.edu.au
Junior School infirmary enquiries to: jsinfirmary@stpauls.qld.edu.au

Parent/Carer Name: _____ Date: _____

Signature: _____

Reminder: To update your child's medical and contact details on TASS parent lounge. It is important that these details are kept up to date to ensure that the School has accurate information in case of emergency.

Office Use Only: (Right Student | Right Medication | Right Dose | Right Time | Right Route | Right Documentation)

Date Given	Time Given	Amount Given	Administered By	Signature

- Medication was returned to parent/carer _____ or medication was destroyed by the School _____
Date Date
- Request to Administer Medication at School (Short Term) form placed on student file with record of administration after completion