

Request to Administer Non-Prescribed Medication (over-the-counter) for Year 7 to 12: Camps and Tours

Student Name:		Date of Birth:
House:	Grade:	Student ID:

Valid for the Year:

The Request to Administer Non-Prescribed Medication (over-the-counter) is to be revised and submitted to St Paul's School Infirmary (infirmary@stpauls.qld.edu.au) annually. This form is valid for St Paul's School camps and tours and only valid for the non-prescribed medication listed below the parent/carer has selected. This form is to be completed and returned to the School prior to non-prescribed medication being administered to a student by a staff member.

Should a non-prescribed medication need to be administered on a regular School day (i.e. not a camp or tour), please complete "Request to Administer Medication at School" at the time it is required. The non-prescribed medication is to be supplied by the parent/carer with a pharmacy label.

Please indicate in the table below which of the following medications may be administered to your child by the nominated Staff member of the School camp/tour for conditions that are unexpected. Unexpected conditions are noted in the table below:

✓ X	Туре		Medication	Condition	
	Paracetamol (Capsule)		Panamax	Pain (headache), fever	
	Antihistamine (Capsule)		Telfast 180 (non-drowsy)	Itchy rash/hives or hayfever symptoms	
	Iboprufen (Capsule)		Nurofen	Pain (headache, muscular), fever, body aches	
		(Capsule)	Gastro-Stop Loperamide	Relief from acute diarrhoea	

Paracetamol (Panamax), Antihistamine (Telfast 180 non-drowsy) and Gastro-Stop are the only non-prescribed medication (over-the-counter) St Paul's School will supply and administer to students (providing consent has been granted) in capsule form for unexpected conditions noted in the table above. All other non-prescribed medication (over-the-counter) medication is to be provided by the parent/carer for camps and tours with a pharmacy label and the Request to Administer Medication at School (Short Term Medication) is to be completed.

Where dosage is allowed by manufacturing company, should more than one dose need to be administered, approval from the parent/carer is required.

Further instructions by parent/carer: _____

By completing 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 non-prescribed medication (over-the-counter) recorded on this form.
- Their child has received a dose of the medication listed above at home without ill effect.
- Any changes in details, I will notify St Paul's School Infirmary Department (infirmary@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.

(Form is to be printed back to back)



Register of Non-Prescribed Medication (over the counter) administered to:

Student Name:		Date of Birth:
House:	Grade:	Student ID:

Valid for the Year: _____

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

Unice Use Or	ily: (Right St	ludent Righ	t Medication	Right Dose		Roule Right Doct	imentation)
Parent / Carer Contacted	Reason I.e.: Ache, fever	Date Given	Time Given	Amount Given	Right Time Right Medication Type Panamax Telfast 180 (non- drowsy) Gastro-Stop Loperamide	Administered By	Signature

Request to Administer Non-Prescribed Medication (over-the-counter) for Year 7 to 12 (FO: V-1.0) Approved by: The Headmaster Department: Risk & Compliance