



ST BENEDICT'S PRIMARY SCHOOL

STUDENT MEDICAL RECORD

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there is any change in the MANAGEMENT PLAN for the administration of medication plan. Please tick the appropriate box, and print your answers clearly in the blank spaces where indicated.

PERSONAL DETAILS

Student's Name: _____ Gender: M F

Date of Birth:/...../..... Form/Class:.....

Emergency Contact (e.g. parent, carer):

(a) Name..... Relationship.....

Telephone No:..... (Hm)(Wk)

(b) Name..... Relationship

Telephone No:..... (Hm)(Wk)

Doctor: Telephone No



MEDICATION REQUIREMENTS

<u>Name of Medication</u>	<u>Method</u>	<u>When, and how much</u>

The following points are for security and safety purposes and are requirements of the *Health (Drug and Poisons) Regulation 1996*.

- The parent notifies the school in writing to administer medication. This may include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- Provide medication in **original pharmacy labelled container** to the school.
- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken.
- 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.
- The student has received a dose at home without ill effect.
- Advise the school in writing and collect the medication when it is no longer required at school.
- Where parents are working with a prescribing health practitioner to determine a dose for that day (e.g. insulin, Rivotril) parents will provide a letter from the prescribing health practitioner instructing that parents will be responsible for notifying the school of the adjusted dose.
- This form will be reviewed annually or as the student is prescribed a change in medication.

I hereby request that school staff administer the necessary medication to my student while at school.

I agree to notify the school, in writing, if there are any changes in the above medication.

Parent's Name: _____ Signature: _____ Date: _____