

Record of medication administration ('as-needed' medication)

<Insert/attach student photo if required for identification purposes>

Student name	Date of Birth	Class
Medication	Route	

On receipt of the medication:

1. Check that the medication is in the original container
2. Check for medical authorisation e.g. pharmacy label, other written authorisation
3. Advise the parent that they will need to collect any unused medication when it is no longer required to be administered at school
4. Attach the completed **Consent to administer medication** form
5. Attach the completed **Medication order to administer 'as-needed' medication at school / health plan / Action Plan**
6. Attach any additional written advice from the prescribing health practitioner
7. Refer to all information when administering medication
8. When the student displays the signs or symptoms listed in the **Medication order to administer 'as-needed' medication at school**:
 - If an emergency response (e.g. asthma/anaphylaxis/epilepsy), **administer medication as per Emergency Health Plan / Action Plan**
 - If a non-emergency response (e.g. for a migraine or toothache):
 - if it is not already known, contact parent/carer and ask when the student last had this medication
 - refer to written instructions from the prescribing health practitioner to determine if this medication can be administered at school on this occasion
 - seek confirmation of instructions from the principal/delegate to determine if this medication is or is not to be administered
 - if the medication is administered, contact the parent/carer to advise them of the time it was administered.

Student name		Date of Birth		Class	
Medication		Route			

Date:			Time:		
Emergency response →	Dose given:	Emergency services contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/carer contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of parent/carer: Outcome:	
Non-emergency response →	Parent/carer contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time medication last administered:	Medication administered at school: <input type="checkbox"/> Yes Dose given:	Outcome:	
Signature of staff member who administered the medication:			Name of staff member who contacted parent/carer:		

Date:			Time:		
Emergency response →	Dose given:	Emergency services contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/carer contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of parent/carer: Outcome:	
Non-emergency response →	Parent/carer contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time medication last administered:	Medication administered at school: <input type="checkbox"/> Yes Dose given:	Outcome:	
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Date:			Time:		
Emergency response →	Dose given:	Emergency services contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/carer contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of parent/carer: Outcome:	
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Signature of staff member who administered the medication:			Name of staff member who contacted parent/carer:		