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):
 - o if it is not already known, contact parent/carer and ask when the student last had this medication
 - o refer to written instructions from the prescribing health practitioner to determine if this medication can be administered at school on this occasion
 - o 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					
<u></u>			T					
Date:				Time:				
	Dose given: Emergency services contacted:		Parent/carer contact	Name of parent/carer:				
Emergency response >		☐ Yes ☐ No	☐ Yes ☐	l No	Outcon	ne:		
	Parent/carer	Time medication last	Madiaatian administ	10 mg al a 4	Outcome			
			Medication administered at		Outcome:			
Non-emergency	contacted:	administered:	school:					
response >	☐ Yes ☐ No		☐ Yes					
100001100 9				Dose given:				
Signature of staff member	who administered the	modication:	Name of staff member who contacted parent/carer:					
Signature of staff member who administered the medication:			Name of Stan member who contacted paremodifer.					
Date:	Time:	Time:						
	Dose given:	Emergency services contacted:	Parent/carer contact	ted:	Name o	of parent/care	er:	
Emergency response →		☐ Yes ☐ No	☐Yes □	l No	Outcon	-		
	Parent/carer	Time medication last	Medication administ	tered at	Outcon	ne:		
	contacted:	administered:	school:					
Non-emergency	☐ Yes ☐ No		□Yes					
response >	2100 2110		Dose given:					
Signature of staff member who administered the medication:			Name of staff member who contacted parent/carer:					
Deter			Time:					
Date:			<u> </u>					
_	Dose given:	Emergency services contacted:	Parent/carer contac				er:	
Emergency response →		☐ Yes ☐ No	☐ Yes ☐	l No	Outcon	ne:		
	D	Time we displied to 1004	Madia-Alamadan Salati		01			
	Parent/carer	Time medication last	Medication adminis	terea at	Outcon	ne:		
Non-emergency	contacted:	administered:	school:					
response >	☐ Yes ☐ No		☐ Yes					
100polise /			Dose given:					
Signature of staff member who administered the medication:			Name of staff member who contacted parent/carer:					

