

## 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/carer 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.

<b>Student name</b>		<b>Date of Birth</b>		<b>Class</b>	
<b>Medication</b>		<b>Route</b>			

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

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

<b>Date:</b>			<b>Time:</b>		
<i>Emergency response</i> →	<b>Dose given:</b>	<b>Emergency services contacted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Parent/carer contacted:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Name of parent/carer: Outcome:</b>	
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<b>Signature of staff member who administered the medication:</b>			<b>Name of staff member who contacted parent/carer:</b>		