



**St Francis Of Assisi Catholic Primary School**  
Connolly Drive, Butler WA 6030

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To be confidentially stored until the student is 25years old.

Year document is to be destroyed \_\_\_\_\_(year)

## STUDENT MEDICATION REQUEST AND AGREEMENT

### NOTE

Where possible, students medication should be self-administered by the student or be administered by parents or care-givers at home, at times other than during school hours.

If the Principal of the school is to approve of school staff administering, or supervising the administration of medication to a student, then the following requirements must be met.

The doctor prescribing the drug must be aware that the school will supervise or carry out administration of medication on the instructions provided. It is therefore necessary that the doctor provide additional instructions to staff regarding special requirements as per the '**Medical Instructions from Prescribing Doctor**' form. These instructions are a mandatory requirement and are necessary when school staff are to administer the drug, supervise the administration of the drug, or monitor the student after drug administration.

Drugs for administration should be delivered to the school into the care of the class teacher. The school will prepare a student medication record and store the drugs in a secure place. All drugs should be contained in properly labelled containers showing the name of the student and the appropriate dose and frequency.

(Please Print)

Name of parent/guardian/carer \_\_\_\_\_

Telephone Nos. Mobile \_\_\_\_\_ Work \_\_\_\_\_

Name of Student \_\_\_\_\_

Year Level \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of prescribing doctor \_\_\_\_\_

Medical condition being treated \_\_\_\_\_

Name of drug \_\_\_\_\_

Dose \_\_\_\_\_ Time to be taken \_\_\_\_\_

Time last administered \_\_\_\_\_

**(It is the responsibility of the parent/guardian/carer to provide the correct drug properly labelled. Improperly labelled drugs WILL NOT be administered)**

Possible side effects \_\_\_\_\_

Commencement Date \_\_\_\_\_ Conclusion Date \_\_\_\_\_

Replacement date of drug if appropriate \_\_\_\_\_

Comments (any additional information may be attached) \_\_\_\_\_

Emergency Contacts if unable to contact parents/guardians/carers (2 required)

1. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to child \_\_\_\_\_

Telephone \_\_\_\_\_

**NOTE**

A new request agreement record needs to be made:

- If the dose or medication type is altered.
- If the regime is re-started.
- At the beginning of each new calendar year.

I understand that the above information may be given to relevant staff members.

I agree to waive any claims of liability that may arise against any personnel relative to the administration of medication to the child according to the above directions.

\_\_\_\_\_  
Signature of parent/guardian/carer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

Time	Date	Medication	Administered by (Signature)	Witnessed by (Signature)

