



BRIGHTON CATHOLIC PRIMARY SCHOOL

Connolly Drive, Butler WA 6036

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

Year document is to be destroyed _____ (year)

STUDENT MEDICATION REQUEST AND AGREEMENT

NOTE

Where possible, student 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. (H) _____ (W) _____ (M) _____

Name of Student _____

Year level of Student _____

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/career to provide the correct drug properly labelled. Improperly labelled drugs WILL NOT be administered.)

