

# Register of Student Medication Administration

1. **School**

<b>School</b>	Catherine McAuley Catholic Primary School Orange
<b>Principal's name</b>	Mr Michael Croke

2. **Student**

<b>Student name</b>			<b>Student Photo</b>  (OPTIONAL)
<b>Condition</b>			
<b>Doctor</b>		<b>Phone</b>	

3. **Medication**

<b>Name of medication</b>			
<b>Pharmacist</b>		<b>Phone</b>	
<b>Administration method</b>			

4. **Parent or Guardian Requesting Administration of Medication**

<b>Name</b>		<b>Relationship</b>	
<b>Contact phone</b>		<b>Return unused medication to carer?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Permission note date</b>		<b>Permission note filed in student's records?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. **Administration**

Dosage	Time	Date	Name of Person Administering
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please provide the school with an action plan from your child's doctor if medication is required for longer than 2 weeks.

<b>Additional comments</b>	
----------------------------	--

