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):
 - 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
 - o 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					
Date: Time:								
	Dose given:	Emergency services contacted:	Parent/carer contac	tod:	Name of parent/carer:			
Emergency response →	Dose given.	Yes No		l No	Outcome:	11 .		
Non-emergency response →	Parent/carer contacted: ☐ Yes ☐ No	Time medication last administered:	Medication administ school: ☐ Yes Dose given:	tered at	Outcome:			
Signature of staff member	who administered the	modication:	Name of staff memb	or who cont	tacted parent/carer:			
Signature of staff member who administered the medication:			Name of staff member who contacted parent/carer:					
Date:			Time:					
	Dose given:	Emergency services contacted:	Parent/carer contac	ted:	Name of parent/care	r.		
Emergency response >	Door givein	☐ Yes ☐ No		l No	Outcome:			
	Parent/carer	Time medication last	Medication adminis	tered at	Outcome:			
	contacted:	administered:	school:					
Non-emergency	☐ Yes ☐ No	dummotorou.	□ Yes					
response >	Li res Li No							
•			Dose given:					
O'met was first firm and a subject of the small state of			Name of staff mambay who contacted parentlessory					
Signature of staff member who administered the medication:			Name of staff member who contacted parent/carer:					
Date:			Time:					
	Dose given:	Emergency services contacted:	Parent/carer contac	ted:	Name of parent/care	r:		
Emergency response →		□ Yes □ No		1001 1 No	Outcome:	•••		
Linergency response /			L les L	1110	Outcome.			
	D 44				0.1			
	Parent/carer	Time medication last	Medication adminis	tered at	Outcome:			
Non omorganou	contacted:	administered:	school:					
Non-emergency	☐ Yes ☐ No		☐ Yes					
response >			Dose given:					
Signature of staff mambar	Name of staff member who contested percent/series:							
Signature of staff member who administered the medication:			Name of staff member who contacted parent/carer:					
			•					



