## Record of medication administration (‘as-needed’ medication)

*<Insert/attach student photo if required for identification purposes>*

| **Student name** |  | **Date of Birth** |  | **Class** |  |
| --- | --- | --- | --- | --- | --- |
| **Medication** |  | **Route** |  | | |

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| *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.* |

| **Student name** |  | **Date of Birth** |  | **Class** |  |
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| **Medication** |  | **Route** |  | | |

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| **Date:** | | | **Time:** | |
| ***Emergency response 🡪*** | **Dose given:** | **Emergency services contacted**:  🞏 Yes 🞏 No | **Parent/carer contacted:**  🞏 Yes 🞏 No | **Name of parent/carer:**  **Outcome:** |
| ***Non-emergency response 🡪*** | **Parent/carer contacted:**  🞏 Yes 🞏 No | **Time medication last administered:** | **Medication administered at school:**  🞏 Yes  **Dose given:** | **Outcome:** |
| **Signature of staff member who administered the medication:** | | | **Name of staff member who contacted parent/carer:** | |

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| **Date:** | | | **Time:** | |
| ***Emergency response 🡪*** | **Dose given:** | **Emergency services contacted:**  🞏 Yes 🞏 No | **Parent/carer contacted:**  🞏 Yes 🞏 No | **Name of parent/carer:**  **Outcome:** |
| ***Non-emergency response 🡪*** | **Parent/carer contacted:**  🞏 Yes 🞏 No | **Time medication last administered:** | **Medication administered at school:**  🞏 Yes  **Dose given:** | **Outcome:** |
| **Signature of staff member who administered the medication:** | | | **Name of staff member who contacted parent/carer:** | |

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| **Date:** | | | **Time:** | |
| ***Emergency response 🡪*** | **Dose given:** | **Emergency services contacted:**  🞏 Yes 🞏 No | **Parent/carer contacted:**  🞏 Yes 🞏 No | **Name of parent/carer:**  **Outcome:** |
| ***Non-emergency response 🡪*** | **Parent/carer contacted:**  🞏 Yes 🞏 No | **Time medication last administered:** | **Medication administered at school:**  🞏 Yes  **Dose given:** | **Outcome:** |
| **Signature of staff member who administered the medication:** | | | **Name of staff member who contacted parent/carer:** | |