



Register of Student Medication Administration – St. Patrick’s School

1. School

School	St. Patrick’s Catholic School, Latrobe
Principal’s name	Rod Linhart

2. Student

Student name			
Condition			
Doctor		Phone	

3. Medication

Name of Medication		Relation to meals or N/A	
Dosage / Time		Any side effects?	
Frequency		Any restrictions?	

4. Parent or Guardian Requesting Administration of Medication

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

The school will render whatever aid is necessary to administer the medication, but it should be clearly understood that this aid is that of a layperson without medical training.

To comply with my request, the following conditions should be strictly observed:

- It is my responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use, or when it requires replacement.
- A new form must be completed before any changes to the medication and its administration can be implemented.
- I understand that the information provided by me and the prescribing doctor may be discussed by the Principal with other members of the school staff.

(Doctor’s/parent’s/guardian’s signature)

(School personnel signature)

Office use:

Copy to Teacher

Copy to student file

Copy with student medication

Update student records/list