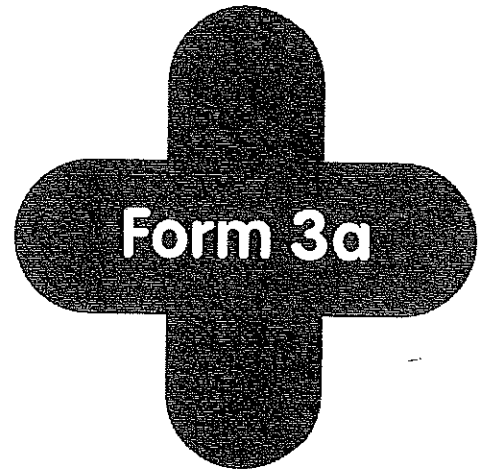


# Medication permission and record: individual pupil



## Pupil's information

Name of school \_\_\_\_\_

Date medication provided by parent \_\_\_\_\_

Name of pupil \_\_\_\_\_

Name of medication \_\_\_\_\_

Class/form \_\_\_\_\_

Dose and method (how much and when taken) \_\_\_\_\_

Any other information \_\_\_\_\_

When is it taken (time of day) \_\_\_\_\_

Quantity received \_\_\_\_\_

Expiry date \_\_\_\_\_

Date and quantity of medication returned to parent \_\_\_\_\_

Staff signature \_\_\_\_\_

Parent signature \_\_\_\_\_

Print name \_\_\_\_\_

Print name \_\_\_\_\_

Parent contact number \_\_\_\_\_

# Medical condition information

## 3. Details of pupil's medical conditions

Signs and symptoms of this pupil's condition:

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Triggers or things that make this pupil's condition/s worse:

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## 4. Routine healthcare requirements

(For example, dietary, therapy, nursing needs or before physical activity)

During school hours:

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Outside school hours:

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## 5. What to do in an emergency

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## 6. Regular medication taken during school hours

### Medication 1

Name/type of medication  
(as described on the container):

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Dose and method of administration  
(the amount taken and how the medication  
is taken, eg tablets, inhaler, injection)

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When it is taken (time of day)?

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Are there any side effects that  
could affect this pupil at school?

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Are there any contraindications  
(signs when this medication should not be given)?

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Self-administration: can the pupil  
administer the medication themselves?

yes  no  yes, with supervision by:

Staff member's name

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Medication expiry date

### Medication 2

Name/type of medication  
(as described on the container):

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Dose and method of administration  
(the amount taken and how the medication  
is taken, eg tablets, inhaler, injection)

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When it is taken (time of day)?

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Are there any side effects that  
could affect this pupil at school?

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Are there any contraindications  
(signs when medication should not be given)?

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Self-administration: can the pupil  
administer the medication themselves?

yes  no  yes, with supervision by:

Staff member's name

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Medication expiry date

