Silver Tree Steiner School

Student Medication Request

(to be completed by parent for any medication to be given to their child)

NOTE: Where possible student medication should be self-administered by the student to be administered by parents at home at times other than during school hours. If the Administrator of the school is to approve school staff administering or supervising the administration of medication to a student, then the following requirements must be met.

For prescribed medications, the doctor prescribing the medication must be aware that the school will supervise or carry out administration of medication on the instructions provided. It is therefore necessary that the doctor provide instructions – as per the form titled "Medication Instructions from Prescribing Doctor'. These instructions are a mandatory requirement and are necessary when school staff are to administer the medication, supervise the administration of the medication, or monitor the student after medication administration.

Medication for administration should be delivered to the school into the care of the class teacher or an office staff member. The school will store the medication in a secure place. All medication should be contained in **PROPERLY LABELLED CONTAINERS SHOWING THE NAME OF THE DRUG, THE NAME OF THE STUDENT, THE STUDENTS CLASS, THE APPROPRIATE DOSE, FREQUENCY AND THE EXPIRY DATE OF THE MEDICATION.**

<u>(Please print)</u>
Name of Parent / Guardian_____

Name of Student _____Class _____

Date of Birth _____

Name of prescribing doctor (if applicable) _____

Medical Condition being treated _____ _____

Name of Medication _____ Dose _____

Time/s to be taken _____
(It is the responsibility of the parent or guardian to provide the correct medication properly labelled. Improperly labelled medication will not be administered)

Commencement Date _____ Conclusion Date _____

Replacement Date of Medication (i.e. expiry date) _____

NOTE: A NEW REQUEST / RECORD AGREEMENT NEEDS TO BE MADE IF:
- The dose or medication type is altered;
- The regime is re-started following the expiration of this order;
- At the beginning of each NEW calendar year.

If the medication is a <u>prescribed medication</u> this requires form is only valid in conjunction with the FORM titled "MEDICATION INSTRUCTION FROM PRESCRIBING DOCTOR".

_____   _____
Parent / Guardian Signature   Date