



# FORM 3 – ADMINISTRATION OF MEDICATION

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## PLEASE RETURN THIS FORM TO ADMINISTRATION OFFICE

This form is to be used when a parent/caregiver requests school staff to administer medication to their child on a **short-term only** basis.  
**Note: Long term Administration of Medication should be incorporated in a health care plan.**

Student Name:

Year: Form: Teacher:

DOB: Gender:  Male  Female  Other

Parent/Caregiver Name: Relationship to student:

Address: Mobile No.

### SECTION A- MEDICATION INSTRUCTIONS - (NOTE - MEDICATION MUST BE PROVIDED BY PARENTS / CAREGIVER)

	MEDICATION 1		MEDICATION 2		MEDICATION 3	
<b>Name of Medication</b>						
<b>Expiry Date</b>						
<b>Dose / frequency</b> <i>(As per pharmacist's label)</i>						
<b>Duration Dates</b>	<b>From:</b>		<b>From:</b>		<b>From:</b>	
	<b>To:</b>		<b>To:</b>		<b>To:</b>	
<b>Route of Administration</b>						
<b>Administration</b> <i>Tick appropriate box</i>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/>	Requires assistance <input type="checkbox"/>
<b>Storage instructions</b> <i>Tick appropriate box(es)</i>	Stored at school <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>	Stored at school <input type="checkbox"/>
			Kept and managed by self <input type="checkbox"/>	Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>
			Refrigerate <input type="checkbox"/>	Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>	Kept and managed by self <input type="checkbox"/>
			Keep out of sunlight <input type="checkbox"/>	Other <input type="checkbox"/>		Refrigerate <input type="checkbox"/>
			Other <input type="checkbox"/>			Keep out of sunlight <input type="checkbox"/>
						Other <input type="checkbox"/>

Will staff need to be trained to administer your child's medication? Yes  No

If yes, describe the type of training the staff would require.

### SECTION E – AUTHORITY TO ACT

This administration of medication form authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for the specified time period as noted above.

Parent/Caregiver: Date:

If you are completing this form online and are unable to sign this form, please check this box to confirm the above information is true and correct.

### OFFICE USE ONLY

Is specific staff training required? Yes  No : Type of training:

Training service provider:

Name of person/s to be trained: Date of training:

**WHEN THIS COURSE OF MEDICATION CONCLUDES, PLEASE RETAIN THIS FORM IN THE STUDENT'S SCHOOL FILE**

