Administration of Short-term Medication Form

FREE REFORMED SCHOOL ASSOCIATION

My heart I offer to You Lord - promptly and sincerely

This form is to be used when a parent/guardian requests school staff to administer medication to their child on a short-term basis.

Note: Long term administration of medication should be incorporated in a health care plan.

School: John Calvin Christian College

Student Name: **Year:** **DOB:**

Medication Instructions – to be completed by parent/guardian

Note: Medication must be provided by parent/guardian

Name of Medication
Expiry Date
Dose/frequency *(may be as per pharmacist's label)*
Duration From: To:
How is this medication Administered?
Administration *(tick appropriate box)* By Self ☐ Requires Assistance ☐
Storage Instructions *(tick appropriate box)* Stored at school ☐ Kept and managed by self ☐ Refrigerate ☐ Keep out of sunlight ☐ Other ☐

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

Signed: Date: _____

_____

Parent/Guardian

OFFICE USE ONLY:

Date received:

Record of Health Care Support / Administration of Medication

Date	Time	Support/Medication	Staff Member	Signature/Initials

When this course of medication concludes, please retain this form in the student's school file.