Record of medication administration (routine medication)

<Insert/attach student photo if required for identification purposes>

Student name		Date of birth		Class		Dosage time/s	
Medication						Route	

On receipt of the medication:

1. *Check that the medication is in the original container and is intact (e.g. tablets in blister packs are sealed)*
2. *Check for medical authorisation e.g. pharmacy label, other written authorisation*
3. *Advise the parent/carer that they will need to collect any unused medication when it is no longer required to be administered at school*
4. *Attach the completed **Consent to administer medication** form*
5. *Attach Individual Health Plan if one is required*
6. *Refer to all information when administering medication.*

Initial the appropriate box below to confirm when the medication was administered, or enter the appropriate code from the key below.

KEY: A – Student absent; **S** – Student self-administration; **P** – Parent/carer administered medication; **X** – School closed; **O** – Student off campus; **N/S** – No supply of medication→contact parent/carer; **R** – Student refused medication→contact parent/carer; **V** – Student vomited following medication→contact parent/carer

Note: The table allows for the recording of up to two doses of the medication per day. Amend the document electronically to add additional lines if more than two doses per day are required.

If a student requires multiple doses of the same medication at differing strengths, use one form per dose strength e.g. one form for Lamotrigine 25 mg and one form for Lamotrigine 50 mg.

MTH	DOSAGE TIME/S	DATE																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																																
Feb																																
Mar																																

Student name		Date of birth		Class		Dosage time/s	
Medication						Route	

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MTH	DOSAGE TIME/S	DATE																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Apr																																
May																																
Jun																																

MTH	DOSAGE TIME/S	DATE																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jul																																
Aug																																
Sept																																

MTH	DOSAGE TIME/S	DATE																												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Oct																																
Nov																																
Dec																																

Uncontrolled copy. Refer to the Department of Education Policy and Procedure Register at https://ppr.qed.qld.gov.au/pp/administration-of-medications-in-schools-procedure to ensure you have the most current version of this document.

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