Education & Communities NSW GOVERNMENT

Gunnedah High School

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Administration of Prescribed Medication to a Student

Student Name		Class	

Medication: (Name)		Date Received	
Storage Information		Quantity	
Name of Doctor		Contact Ph:	

Details for Administration:

Dosage		Time	
Other information			
e.g. before food, after food, with lunch, etc			

	Parent Name		Telephone Contact Number
	Parent Signature	Date	

Office Use Only

Prescribed Medications Form received (attach copy)		Front Office advised	
ASCIA Plan / Health Care Plan (attach copy)		Other Allergies/Medical Conditions	

PRESCRIBED MEDICATION CHART

Student Name		Year	
Name of Medication		Dosage	
Time to be administered			

Date	Time	Dose	PMO	Checked

Date Medication Completed		Date Medication Returned to parent	
Parent Signature			

Office Use Only	Prescribed Medications Officer	Name	Signature
Remarks:			

Place completed form on student file