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| --- |
| **Medication to be administered at school as requested by parent/carer** |
| **Name of medication** | **Dosage and time of administration** | **Special instructions / consumables** | **Start and end date for administering of medication** | **Expiry on package** |
| 1. [ ]  **prescribed:**
 |  |  |  |  |
| 1. [ ]  **prescribed:**
 |  |  |  |  |
| 1. [ ]  **prescribed:**
 |  |  |  |  |
| 1. [ ]  **PRN:**
 |  |  |  |  |
| **Parent/carer name & mobile** |  | **Sign dated** |  |
| **Dr contact details** |  | **Sign dated** |  |
| **Emergency contact details** |  | **2nd emergency contact** |  |
| **Health condition including allergies.**\*If student has anaphylaxis, their ASCIA action plan must be attached. | **Setting**(e.g., during class activity / water sports / transport) | **Symptoms / signs to watch for** | **Action steps to be followed** | **Emergency arrangements to be actioned** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |



 **Student Name Class**

 **Medication plan request by parent/carerfor 2024**