|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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** | |
|  |  | | |  | |  | | | |  | |
|  |  | | |  | |  | | | |  | |
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**Student Name Class**

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