

MEDICATION CHECKLIST



KOO WEE RUP
SECONDARY COLLEGE

Medication *will not* be administered to any student until the following is returned and signed by a Parent/Guardian and will only be administered to your student as prescribed by their doctor.

This checklist has been designed as a reminder where medications are required to look after your student during college hours including excursions, sports days and camps.

As per the enrolment details *you* have provided, we require the following, to ensure your student receives the BEST medical care here at Koo Wee Rup Secondary College.

ANAPHYLAXIS, ASTHMA & ALLERGIES

- Action Plan** – An original copy signed by your GP
- Medication** as per the Action Plan – This medication will be stored at First Aid or on the student themselves. Please ensure it is enclosed in its ORIGINAL PACKAGING with a Chemist Label stating the student's name and instructions of use. (This can be requested at the chemist prescriptions counter.)
- Medication Request Form** – This form provides instructions for our First Aid trained staff to administer the medication in your absence. Please add as much detail to this form as possible.

Please note that your Action Plan expires after one year of being issued and will need to be renewed. It is preferred that you renew it with each new school year.

OTHER MEDICATION REQUIRED ON A DAILY BASIS OR AS A ONCE OFF

- Medication Request Form** - If your student requires ongoing medication or medication as a once off for an illness prescribed by a doctor. This form provides instructions for our First Aid trained staff to administer the medication in your absence. Please add as much detail to this form as possible.
- Medication**– This medication will be stored at First Aid to be administered during Recess and Lunch. Please ensure it is enclosed in its ORIGINAL PACKAGING with a Chemist Label stating the student's name and instructions of use. (This can be easily requested at the chemist prescriptions counter.)

Please note that your medication will only be administered by the instructions given via the chemist labels as prescribed by your doctor. The medication request form must be renewed with each new school year.

Thank you for assisting in the health and safety of our students.

REQUEST TO ADMINISTER MEDICATION FORM



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SECONDARY COLLEGE

Medication *will not* be administered to any student until the following is returned and signed by a Parent/Guardian and will only be administered to your student as prescribed by their doctor.

Student's Full Name: _____ Year: _____

Reason for Medication: _____

Name of Medication: _____ Dosage: _____

Time/s at which medication is to be administered:

Recess Lunch Other Times/s _____

When required per Asthma Action Plan When required per Allergy Action Plan

Start Date: ____/____/2023 End Date: 17/12/2023 Other End Date: ____/____/2023

Please Note: All requests for medication must provide a start date and an end date no later than the last day of the current school year (i.e.18/12/2023).

Where is medication to be kept at college? First Aid Fridge First Aid Medicine Cupboard

Student's School Bag Other _____

Medication to be administered by:

_____ First Aid

Please provide any other information that the we should be aware of:

I have supplied the above medication & request that my child be administered this medication in accordance with the directions on the pharmacy label or manufacturer's instructions and in accordance with instructions specified on an Asthma or Anaphylaxis or Allergy Action Plan or treating Medical Health Care Professional's written instructions provided on their Medical Clinic's letterhead, which is reflected, as I have detailed above.

Signed: _____ Date: ____/____/____
(Parent/Carer)

Please send supplied medication home at the end of the school day
(Applicable for once off medications)