

Jimboomba State School  
 REQUEST TO ADMINISTER MEDICATION AT SCHOOL



Student Name:	Date of Birth:
Reason for Medication:	Year Level:
Allergies:	

Please list ALL Medications that your child requires during school hours.  
 Please also list any emergency medications.

Name of Medication	Strength (eg. 10mg)	Dosage (eg. One tablet)	Times to be given at school	Other useful instructions or information

I hereby request that school staff administer the necessary medication to my child while at school.  
 I agree to notify the school, in writing, if there are any changes in the above medication.

Parent/ Caregiver Name:	
Signature:	Date:

The following points are for security and safety purposes, and are requirements of the Queensland Health (Drug and Poisons) Regulation 1996.

- The Parent/guardian notifies the school in writing to administer medication – this may include written guidelines from the medical practitioner, including potential side-effects or adverse reactions.
- Provide medication in original pharmacy labelled container to the school
- Ensure medication is not out of date and has an original pharmacy label with the student’s name, dosage and time(s) to be taken.
- Advise the school in writing and collect medication when it is no longer required at school.
- Where parents/guardians are working with a medical practitioner to determine dose for that Day (e.g. sliding scale insulin, Rivotril) parent and guardians will provide a doctors letter instructing that parents/ guardians will be responsible to notify the school of the adjusted dose.