



# Mater Christi

## Catholic Primary School

### ADMINISTRATION OF MEDICATION

SHORT or LONG TERM

***Prescribed Student Medication is to be presented to the School Office and should be stored in a container clearly showing the name of the STUDENT, name of the MEDICATION, DOSAGE and FREQUENCY***

I \_\_\_\_\_ being the Parent/Guardian of  
\_\_\_\_\_ Date of Birth \_\_\_\_\_ in class \_\_\_\_\_  
(Student's name)

inform the school that my child needs to be administered the following medication, as prescribed

by Dr \_\_\_\_\_, or parent \_\_\_\_\_

for the purpose of treating \_\_\_\_\_ (condition)

**Name of Medication:** \_\_\_\_\_ **Expiry:** \_\_\_\_\_

**Quantity Received & Date:** \_\_\_\_\_

Dosage: \_\_\_\_\_

Time medication to be taken and start/end dates: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent/ Guardian)

\_\_\_\_\_  
(Date)

**APPROVED BY PRINCIPAL:** \_\_\_\_\_

**NOTE:** Attach additional information  
Bulk quantities of medication are not to be brought onto school premises

# Medication Administration Chart

STUDENT NAME: \_\_\_\_\_

Date	Time	Details of Administration	Given by	Witnessed by