Kelso State School
MEDICATION APPLICATION

Name of Child: _________________________________________ Class: ________

Parent’s/Caregiver’s Name: (Mr / Mrs / Ms) ______________________________________

Parent’s/Caregiver’s Phone No.: __________________ Mobile.: __________________

Doctor’s Name: ______________________________________ Phone No.: __________

Name of Medication: _________________________________________________________

Dosage: _________________________________________________________________

Time/s for Administration of Medication:
________________________________________________________________________

Dates Required: From _______________ Until _______________

Please tick this box if medication is to be taken home each day. ☐

NOTE
For school staff to administer over-the-counter medication, authorisation is required from a medical practitioner. The following points are for security and safety purposes, and are requirements of the health (Drug and Poisons) Regulation 1996 (Qld).

• The parent notifies the school in writing to administer medication. This may include written guidelines from the prescribing health practitioner, including potential side affects 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• Ensure medication is not out of date and has an original pharmacy label with the student’s name, dosage and time/s to be taken.

• Notify the school in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or change of label from a pharmacist.

• The student has received a dose at home without ill effect.

• Advise the school in writing and collect the medication when it is no longer required at school.

• Where parents are working with a prescribing health practitioner to determine a dose for that day (eg. Insulin, Rivotril) parents will provide a letter from the prescribing health practitioner instructing that parents will be responsible for notifying the school of the adjusted dose.

• This form will be reviewed annually or as the student is prescribed a change in medication.

The Queensland Government has established a set of procedures for the collection, use and disclosure of personal information within the Queensland public sector, based on the Information Privacy Principles. The Information Privacy Principles are incorporated into the Queensland Government’s Information Standard 42: Information Privacy.

(Parent’s/Care Giver’s Signature) ___________________________ (Date) ___________