# REQUEST TO ADMINISTER MEDICATION AT SCHOOL

Catholic Education
Diocese of Rockhampton

| SCHOOL NAME: | SHALOM CATHOLIC COLLEGE BUNDABERG |
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**Important Information**

For school staff to administer both prescribed and over the counter medication, the medication must follow the *7 Rights of Safe Medication Administration in Schools*.

| SECTION 1: STUDENT DETAILS | |
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| **Name of Student:** | |
| **Date of Birth:** | |

**SECTION 2: MEDICATION DETAILS**

Please list all medications your child requires during school hours, or emergency medications they may require.

| Name of Medication | Dosage | Time to be Administered | Dates to be Administered (ie: 28/01/25 – 05/12/25) | Other Instructions or Information (Daily, as required) |
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**Important Medical Notice: Parent Requirements**

In accordance with Rockhampton Catholic Education policy and the Medicines and Poisons (Medicines) Regulation 2021 (Qld), parents / guardians must adhere to the following responsibilities:

- **Written Notification:** Notify the school in writing regarding the student's health condition. This must include documentation from a qualified health practitioner provided at the time of enrolment or upon diagnosis, with updates provided immediately if any changes occur.
- **Supply of Medication & Equipment:** Ensure the school is supplied with an adequate amount of well-maintained equipment, consumables and in-date medication. All items must be clearly labelled with the student's name.
- **Collection of Expired/Unused Items:** Promptly collect any unused or expired medication from the school when it is no longer required.
- **Initial Dose at Home:** Ensure the student has successfully received at least one dose of the medication at home without any ill effects before it is administered at school.
- **Adjustable Doses (e.g., Insulin, Rivotril):** If you are working with a prescribing practitioner to determine daily variable doses, you must provide a letter from that practitioner. The letter must explicitly state that the parents/guardians are responsible for notifying the school of the adjusted dose each day.
- **Annual Review:** Please note that this form and the student's medical information must be reviewed annually, or whenever there is a change to the prescribed medication.

**SECTION 3: AUTHORISATION**

I hereby request that school staff administer the necessary medication for my child while at school and attending school-related activities including excursions, camps, sporting events and international travel.
I agree to notify the school when medication changes occur.

| Parent/Guardian Name: | Signature: | Date: |
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