

BayView State School

77 Ziegenfusz Road, Thornlands, 4164
Tel: 3206 5222



2024

ADMINISTRATION OF MEDICATION

Current Education Queensland Policy as well as Occupational Health and Safety and First Aid Policy requires that Parents / Caregivers must undertake the following in relation to the administration of medication and/or management of health conditions.

- Notify the school in writing of a health condition requiring medication at school.
- Request the school in writing to administer prescribed medication or to assist in the management of a health condition.
- Notify the school in writing of any requests and/or guidelines from medical practitioners including potential side effects or adverse reactions.
- Provide the medication in the original labelled container accompanied by a letter from a medical practitioner.
- Ensure the medication is not out of date and has an original pharmacy label with the student's name, dosage and time to be taken.
- Notify the school in writing when a change of dosage is required. This instruction must be accompanied by a letter from a medical practitioner.
- Advise the school in writing and collect the medication when it is no longer required at school.

LEGAL GUARDIAN'S AUTHORITY FOR MEDICATION TO BE GIVEN

DATE: _____ CHILD'S NAME: _____ CLASS: _____

MEDICAL CONDITION: _____

I _____ request BayView State School administer the

Medication listed below for the period _____ to _____.

ASTHMA ONLY	<p><i>I, _____ Do / Do Not give permission for my child, _____ to retain and self-administer ASTHMA Medication.</i></p>
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MEDICATION NAME: _____

DOSAGE: _____ TIME OF ADMINISTRATION: _____

Please attach letter from Doctor, including name of medication, dosage requirements and health condition requiring support.

(Signature of Parent/Guardian)

<p>Checklist (Office Use Only)</p> <p><input type="checkbox"/> Completed Doctor's Letter including name of medication, dosage and health condition</p> <p><input type="checkbox"/> Original Container with pharmacy label.</p>

CONTACT NUMBER: _____