

MEDICATION PLAN

PRESCRIPTION MEDICATION

CONFIDENTIAL



Emmaus
CHRISTIAN
COLLEGE

To be completed by the **PRESCRIBING DOCTOR** and the **PARENT/GUARDIAN** for a student who requires prescription medication during school hours or at a school endorsed activity. This information is confidential and will be available only to Supervising Staff and Emergency Medical Personnel.

To the Doctor

Please:

- Complete all sections of this form.
- Schedule medication outside school hours wherever possible.
- Be specific. **As needed is not** sufficient direction for staff members – they need to know exactly when medication is required. **le where applicable, please give details for what symptoms, or when the medication is to be administered.**
- Nominate the simplest method.

Please note that Education and First Aid Staff:

- Accept only medication which has been ordered by a doctor and is provided in the original, fully labelled pharmacy container.
- Do not administer first dose of a medication or monitor the effects of medication as they have no training to this.
- Require medication to be handed adult to adult.
- Are instructed to seek emergency medical assistance if concerned about a student's response or behaviour following medication.

Name of Student.....Date of Birth.....
Family Name (please print) First Name (please print)

Medic Alert Number (if relevant).....Review Date.....
(Max 12 months)

<p>MEDICATION INSTRUCTIONS <i>(please print clearly)</i></p> <p>Medication (generic name), strength and form (eg. liquid, capsule, ointment)</p> <hr/> <p>Dose</p> <hr/> <p>Route <i>(eg. oral or inhaled)</i></p> <hr/> <p>Any other instructions</p>	<p>TIMES <i>(please tick)</i></p> <p><input type="checkbox"/> Early morning</p> <p><input type="checkbox"/> Mid-morning</p> <p><input type="checkbox"/> Middle of the day</p> <p><input type="checkbox"/> Mid-afternoon</p> <p><input type="checkbox"/> Evening</p> <p><input type="checkbox"/> Other (please specify)</p>
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Please note:

- Junior and Middle School Students are supervised when they take their medication.
- Medications are kept secure in the First Aid Room.
- Safe self-management is permitted for Senior Students but only in accordance with school policy (camps excluded). Please advise if this student's condition creates any difficulties with self-management; for example, difficulty remembering to take medication at a specified time.

AUTHORISATION AND RELEASE

Medical Practitioner.....Professional Role.....

Address.....

.....Telephone.....

Signature.....Date.....

I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to Education and First Aid Staff as well as Emergency Medical Personnel.

Parent/Guardian.....Signature.....Date.....
(Please print name)

