



Medication Update

Name: _____ Class: _____

Medication: _____

Dose: _____

Times administered: 1. _____

2. _____

Where taken: School Home

How taken: Whole with water / with juice – bring their own water bottle
Crushed Crusher to be provided

Parent/Carer Signature _____ Date _____

IMPORTANT

Whenever the dosage or medication your child is taking is changed by their doctor:

1. Please advise the Office immediately, so we can update our records.
2. If taken at home, information about all medications taken is required in case of emergency or an ambulance is called to school.
3. If your child needs to take medication at school:
 - it must be given to the office by an Adult and a permission to administer form signed.
 - **for safety reasons, parents must not give students medication to bring to school.**
 - Medication must be in a chemist supplied box or container with a current chemist's label stating name of drug, dosage and child's name with the new medication details listed.
 - If the dose involves half tablets they must be provided to the school pre-cut using a pill cutter not snapped as snapped tablets are not an accurate dose.