

Medication Management Plan

For all non- Asthma medication

Dear Doctor,

As part of our Medication Policy at St Columba College we require written authorisation from both the prescribing medical practitioner or pharmacist and the student's parent/caregiver. Could you please assist in completing this form regarding medication that is required during school /excursion/camps.

Thank you for assisting in providing safe health care to this student in the school setting.

Name _____ of _____ Student _____

D.O.B. _____

Name of medication: _____

Dosage: _____

Time to be taken: _____

Date(s): From ___/___/___ to ___/___/___ (all medication plans are updated annually)

Reason for medication: _____

Possible side effects: _____

Any other comments:

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Pharmacist name

Pharmacist signature

Contact Number

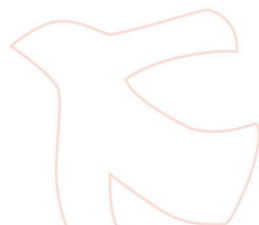
To be completed by the Parent / Guardian

Dear Parent/ Guardian,

Please read the information below and sign the statement before sending this form back to the College:

As part of the College Medication Policy, the College requires written authorisation from both the prescribing medical practitioner and the parent/guardian for all prescription medication including some over-the-counter medications, which need to be administered at school.

1. Every effort shall be made by the parent/guardian for the student to receive medication out of school hours.
2. The first or any adjusted dose of medication shall be administered at home by the parent / guardian prior to delivery of medication to school.
3. Medication must be in a pharmacy container, which clearly states the student's name, name of medication, amount to be given, time to be given and the name of the prescriber. A pharmacist may prepare an extra container for school use.
4. Only the parent/guardian shall deliver or pick up the students medication to or from the school office in the campus the student is attending unless prior arrangements have been made.
5. Any change in medication administration or dosage must have a new plan submitted and signed by medical practitioner.
6. All medication plans expire in 12 months of the date written and therefore must be updated yearly.
7. It is the responsibility of the student to come to the first aid area and ask for their medication at the time stated by the medical practitioner.
8. The College's Ambulance cover is for injuries that result in an accident while in the care of the college .Therefore if an



Ambulance is to be called in reference to and illness or pre-existing medical condition the parent/caregivers will be responsible for the cost.

I the caregiver/parent of _____ in class _____ request that the Staff at St Columba College assists with my child's medication management as outlined on the attached page and signed by a medical practitioner.

I have read and agree to the above conditions and understand that St Columba College is unable to accept any responsibility for possible consequences arising out of the administration of this medication or in the event that the medication is not given, for any reason.



Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____

Date _____

