



Carson Street School

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FORM 11 SHORT/LONG TERM MEDICATION

Dear Parent/Carers:

We would like to inform you of the Department of Education and Training's *Student Health Care* policy regarding the administration of medication to students while in the care of the school.

Medication can only be administered by staff if appropriate documentation has been completed by parents/carers.

Short Term Use of Medication (up to two weeks)

For **short term** use of medication such as a course of antibiotics, our school requires the completion of an *Administration of Medication* form. These forms can be obtained from the nurses or downloaded from the school's website. Forms can also be posted out on request. Phone the school on : 08 9361 7500).

Alternatively, parents/carers may complete the form below outlining their request to have medication administered to their child while in the care of the school.

Note:

The medication must be clearly labelled with the child's name and provided in the pharmacy or manufacturer – labelled packaging

- **The form below must be signed and dated by a parent or carer and provided to the school with the medication.**

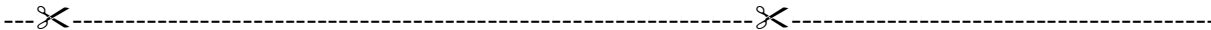
Long Term Use of Medication

If you require the school to administer medication to your child for a period of more than two weeks, and if you have not already done so, you will need to complete a Student Health Care Summary for your child. You may also need to complete an additional *Health Care Management/Emergency Response Plan* for your child's particular health need. In most instances, this documentation will have been completed when you enrolled your child or as part of the school's process for updating student health care records. If this is not the case, please contact the school as soon as possible.

Thank you for your help.

Yours sincerely

John Exeter
PRINCIPAL



REQUEST TO ADMINISTER MEDICATION TO MY CHILD WHILE IN THE CARE OF THE SCHOOL – FORM 11	
STUDENT'S NAME:	
NAME OF MEDICATION	
DOSE/FREQUENCY (MAYBE AS PER PHARMACIST'S LABEL)	
ROUTE OF ADMINISTRATION (E.G. BY MOUTH)	
EXPIRY DATE OF MEDICATION:	
DATE MEDICATION TO BE ADMINISTERED:	FROM: / / 20_ TO: / / 20_
STORAGE REQUIREMENTS: (E.G. REFRIGERATOR)	
NAME OF ADMINISTRATOR:	
PARENT/CARER SIGNATURE:	DATE:

Carson Street School is an independent public school.

