

Pilgrim School

Medication Plan – Over the Counter Medication Only **Confidential**

To be completed by the PHARMACIST and the Parent/Guardian for a child who requires over the counter 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 Pharmacist

Please attach a label with the following details:

- Name of student, name of medication, dose, frequency, maximum dose per 24 hours, any other instructions.
- If the medication is PRN, state for what symptoms/ when it is to be administered.

Please note that education workers:

- Accept only medication which is provided in the original, fully labelled pharmacy container, along with instructions from an authorised prescriber.
- Do not administer first dose of a medication or monitor the effects of medication as they have no training to do this.
- Require medication to be handed adult to adult.
- Are instructed to seek emergency medical assistance if concerned about a child's response or behaviour following medication.

Name of child Date of Birth
Last Name (please print) First Name (please print)
Medic Alert number (if relevant) Review Date
(Max 12 months)

MEDICATION INSTRUCTIONS (Please attach pharmacy label/s here)

Please note:

- Students are supervised when they take their medication.
- Medications are kept secure in the First Aid Room.

AUTHORISATION AND RELEASE – PARENT/CAREGIVER

I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to education staff and emergency medical personnel.

Name Signature Date
Parent/Caregiver (please print)