



ADMINISTRATION OF MEDICATION TO STUDENTS REGISTER

ELEMENT 4.4 RECORDS MANAGEMENT

SCHOOL: _____

STUDENT NAME:			PHOTO IF DESIRED	
CONDITION:				
DOCTOR:	PHONE NO:			
NAME OF MEDICATION:				
PHARMACIST:			PHONE NO:	
METHOD OF ADMINISTERING THE MEDICATION:			EXPIRY DATE:	
Parent/Guardian who requested the medication administration.				
Name:				
Relationship: Contact Phone No.				
Unused medication returned to carer: YES / NO <i>(circle one when applicable)</i>				
Parents's Signature: _____				
Parents's Signature: _____				
QUANTITY DISPENSED	DATE	TIME	New Balance (e.g. number of tablets)	PERSON WHO DISPENSED / ADMINISTERED MEDICATION
Opening balance of medication received:				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Permission Note to be filed in Student's records

DOSAGE	TIME	DATE	PERSON WHO ADMINISTERED MEDICATION
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