MEDICATION PLAN

OVER THE COUNTER MEDICATIONS ONLY

CONFIDENTIAL

Emmaus CHRISTIAN COLLEGE

To be completed by the **PHARMACIST** and the **PARENT/GUARDIAN** for a student 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 and First Aid Staff:

- *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 this.*
- *Require medication to be handed adult to adult.*
- *Are instructed to seek emergency medical assistance if concerned about a student's response or behaviour following medication.*

Name of Student……..……..……...……..…..Date of Birth……..……
Family 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:

- Junior and Middle School Students are supervised when they take their medication.
- Medications are kept secure in the First Aid Room.
- Safe self-management is permitted for Senior Students but only in accordance with school policy (camps excluded). Please advise if this student's condition creates any difficulties with self-management; for example, difficulty remembering to take medication at a specified time.

AUTHORISATION AND RELEASE

I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to Education and First Aid Staff as well as Emergency Medical Personnel.

Parent/Guardian……..…..Signature……Date…….....
(Please print name)