

Student name		CAMP USE ONLY <i>Insert student photo</i>
Date of birth		
Parent/carer name		
Contact phone number		
I hereby request that school staff administer the following medication to my child during school camp as specified below.		
Parent/carer signature		
Date		

KEY: S – Self administration; P – Parent/carer administered medication; N/S – No supply of medication→Contact parent/carer;
R – Student Refused→Contact parent/carer

Year		Date and Month		Times to be given					
Name of Medication									
Strength (e.g. 5 mg)		Dose (e.g.1 tablet)							
Route (e.g. oral)									
Additional Information									
Name of Medication									
Strength (e.g. 5 mg)		Dose (e.g.1 tablet)							
Route (e.g. oral)									
Additional Information									
Name of Medication									
Strength (e.g. 5 mg)		Dose (e.g.1 tablet)							
Route (e.g. oral)									
Additional Information									
Name of Medication									
Strength (e.g. 5 mg)		Dose (e.g.1 tablet)							
Route (e.g. oral)									
Additional Information									

Administration of medication on school camp (routine/short term)

Privacy Statement

The Department of Education and Training (DET) is collecting this personal information for the purpose of enabling school staff to administer the necessary medication to your child while at school or during school-related activities. This information will only be accessed by authorised departmental employees, including school staff and State Schools Nursing Services. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (parent/carer's personal information) this information will not be disclosed to any other person or body unless you have given DET permission or DET is required or authorised by law to disclose the information.

This form is designed to record the administration of a medication to a student during school camps.

This form is NOT for recording the administration of emergency medication. Use the administration of emergency medication record sheet for this purpose.


Instructions








- **Prior to administering medication, confirm that:**
 - The parent has completed the highlighted sections of this form.
 - The medication container has a valid pharmacy label which includes the name of the medical practitioner to confirm that it is prescription medication.
 - The pharmacy label instructions match the medication information section of the request to administer form.
- **During administration**
 - Refer to the INCLASS protocols
- **After administration:**
 - Initial the appropriate box to confirm that the medication was administered or use the appropriate code provided.

***Contact the parent if the medication has not been supplied for administration.**

****If the student refuses to take their medication, contact the parent to advise them.**

Completed Example below.

Year 2016		Date and Month Times to be given			08/08	09/08	10/08	11/08	11/08
Name of Medication	Tegretol		7am						
Strength (e.g. 5 mg)	100mg/5ml	Dose (e.g.1 tablet)	10mls	1pm					
Route (e.g. oral)	Gastrostomy Tube		7pm						
Additional Information Ensure 5ml water flush before and after dose									

I		Infection control procedures...	To be followed, e.g. wash hands, use gloves.
N		Note the directions...	On the <i>Administration of medication at school record sheet (routine/short term medication)</i> , including dosage requirements, and IHP where relevant.
C		Check...	The student's identity.
L		Look at the pharmacy label...	For the student's name, the medication name, dose and route.
A		Administer...	The drug (again checking the dosage requirements and time required for administration listed on the pharmacy label and that the medication is for this student).
S		(Safe disposal where relevant) Sign...	Of sharps or equipment used to administer medication to students with specialised health needs, as required. The medication record to prove that the drug has been given.
S		Storage...	Of the medication as required, in accordance with the manufacturer's instructions (e.g. return original container to the cupboard/fridge, store transported medication appropriately until it is to be administered).