



FOR RUDOLF STEINER EDUCATION LTD.

### Administering Prescribed Medication

To be completed by the student's parent/carer

Date:.....

#### STUDENT DETAILS

Family name:..... Given name(s):.....

Class:.....

#### MEDICAL INFORMATION

My child has the following health/medical condition:

.....

Is this an ongoing health/medical condition: Yes  No

If **No** please complete the Medication Information section below.

If **Yes** please complete the following questions, where relevant.

Have you completed an Individual Medical Plan? Yes  No

If your child has an allergy, anaphylaxis or asthma have you completed and returned an Action Plan signed by your local GP? Yes  No

#### MEDICATION INFORMATION (Please label all medication with the child's name, dose & expiry date)

Medication Name:.....

Batch # ..... (For Epi Pens)

Expiry date:..... Dosage:.....

Period of Administration, from .....(date) to .....(date)

Has your child taken this medication today? Yes  No  If yes at what time? .....

Does this medication need to be:

Stored in the refrigerator:      Yes     No

.....

Taken with food or water:      Yes     No

.....

Is your child likely to:

Experience any side effects from taking this medication:      Yes     No

Feel concerned or anxious about taking this medication:      Yes     No

Further information:

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Signed by Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_