



TRINITY COLLEGE

MEDICATION PLAN

For Long Term Medication Requirements

To be completed by the PRESCRIBING DOCTOR and the PARENT / GUARDIAN / ADULT STUDENT for a child or student who requires supervision of medication at school, preschool, or when in care.

This information is CONFIDENTIAL and will be available only to supervising staff and emergency medical personnel.

TO THE DOCTOR:

- Please complete all sections of this form
- Schedule medications outside care / school hours when possible
- Be specific: AS NEEDED is NOT sufficient direction
- Nominate the simplest method i.e. inhaler medication in favour of nebuliser

Please note that education and child care workers

- Accept only medication which has been ordered by a doctor
- Do not monitor the effects of medication as they have no training to do this
- Are instructed to seek emergency medical assistance if concerned about a child / students behaviour following medication administration
- Students will be supervised during administration of medication

Name of Student Date of Birth

Medic Alert Number Review Date

Medication Instructions

Medication Name Form

Dosage Route

Time of administration

Any other instructions

Please advise if this student's condition creates difficulty with self-management of their medication; for example remembering to take medication or difficulty with equipment required.

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Authorisation and Release

Medical Practitioner Professional Role

Address Telephone

Signature Date

Parent / Guardian Name 1 Signature

Parent / Guardian Name 2 Signature