# Documents the school requires for administering medication

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| **Type of medication** | **Example of medication** | **Required information provided by health practitioner** | **Required information provided by parent/carer/student** |
| **Routine** * medication to be taken regularly for short-term or long-term use
 | * antibiotics
* ointments
* eye drops
* ear drops
* Ritalin
* enzyme tablets
* anti-epileptic medications
* asthma preventer
 | The pharmacy label should have the required information and usually nothing extra is necessary.  | Consent to administer medication form |
| * additional requirements for diabetes management
 | * insulin
 | Letter from the prescribing health practitioner authorising insulin**AND**a diabetes management plan |
| **As needed** (non-emergency)* medication to treat symptoms ‘as needed’, but not in an emergency situation
 | * antihistamines
* topical creams/ointments for allergies
* risperidone
 | Medication order to administer ‘as-needed’ medication at school. |
| **As needed** (emergency)* medication to treat symptoms ‘as needed’ in an emergency
 | * adrenaline auto-injector
* blue asthma reliever
 | Action plan (for asthma or anaphylaxis)ORMedication order to administer ‘as-needed’ medication at school OR Other written instructions from the prescribing health practitioner. |