# 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)  OR  Medication order to administer ‘as-needed’ medication at school  OR  Other written instructions from the prescribing health practitioner. |