

2021 Request To Administer Asthma Medication



Medication cannot be administered to any child until this form is completed in full and signed by a responsible person. Please hand to the School Office with prescribed medication. A valid Asthma Action Plan is required for camp attendance.

Child's Full Name: _____ Grade: _____

Reason for Medication (if not Asthma): _____

Name of Medication: _____ Dosage: _____

Start Date: ____/____/2021 End Date: 17/12/2021 Other ____/____/2021

Please Note: All requests for medication must provide a start date and an end date no later than the last day of the current school year (i.e.17/12/2021).

Time/s at which medication is to be administered:

Administer per 2021 Asthma Action Plan
(Current template is "©Asthma Australia August 2019"). Administer per Dr.'s written instructions
(Provided on Medical Clinic's Letterhead)

Supplied Reliever Medication:

Asmol Ventolin _____ & Reusable Personal Spacer

Where is medication to be kept at school? First Aid Medicine Cupboard (1st Set)

Out of School Hours Care Other _____

Medication to be administered by:

First Aid Officer /PCS Staff Member _____ OSHC Staff

Please provide any other information that Staff should be aware of? _____

I have supplied the above medication & request that my child be administered this medication in accordance with the directions on the pharmacy label or manufacturer's instructions and in accordance with instructions specified on an Asthma Action Plan or treating Medical Health Care Professional's written instructions provided on their Medical Clinic's letterhead, which is reflected, as I have detailed above.

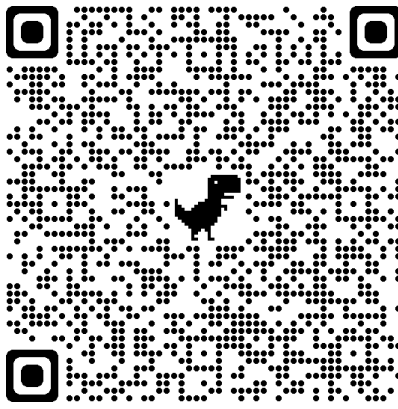
Signed: _____ Date: ____/____/20____
(Parent/Carer)

Please provide PCS Out of School Hours Care (OSHC) with a copy of this AAP.

Please provide supplied, prescribed Reliever Medication set for school camp.

Please Note: A second set of reliever medication & personal spacer is required for OSHC's use.

OFFICE USE ONLY	Information/Brief provided to: <input type="checkbox"/> Exercise Induced Asthma	Medicine File Created
	<input type="checkbox"/> Classroom teacher <input type="checkbox"/> Specialist Teacher <input type="checkbox"/> OSHC	



To access the latest School Asthma Action Plan released by Asthma Victoria, scan this QR code for an editable version.

Please present this form to your child's medical officer for their completion, signature and medical practice logo at your child's next medical appointment.

This completed form should accompany the "Request to administer asthma medication" form and handed to the school office with any prescribed reliever medication.