



Mater Dei Medication Checklist – Blister Pack

STUDENT NAME: _____ **DATE:** _____

Please complete the following checklist for each Blister Pack being sent to School for administering.

| | YES | NO |
|---|-----|----|
| 1. Is the Blister Pack clearly labelled with the student's name? | | |
| 2. Is the Blister Pack clearly labelled with the student's address? | | |
| 3. Is the Blister Pack clearly labelled with the prescribed medication details ie dosage, times etc? | | |
| 4. Do the specific descriptions of the medications listed on the back of the Blister Pack (colour, shape) match the medications in each and every individual blister? | | |
| 5. Is the integrity of each of the medications within each and every blister acceptable? (that is, they are not discoloured, out of shape, squashed, melted or broken into small pieces?) | | |
| 6. Is each individual blister free from damage, secure and airtight? | | |
| 7. Is the Blister Pack correctly labelled Monday to Sunday or dated? | | |
| 8. Is the Blister Pack clearly labelled with the Pharmacy details and initials of Pharmacist? | | |
| 9. I give permission for this medication to be administered to my child by a Mater Dei staff member. | | |

If you answered "Yes" to all of the above questions you may forward this checklist along with the medication in a labelled and sealed plastic bag.

If you answered "No" to any of the above questions you will need to return the Blister Pack to the Pharmacy for rectification.

Please note that medication **WILL NOT** be administered to the student if this completed and signed Mater Dei Medication Checklist does not accompany the medication.

BE AWARE: It is the responsibility of the parent/carer to ensure that all medication is correct. Mater Dei staff will only be responsible for the correct administering of the medication.

NAME OF PERSON COMPLETING CHECK: _____

SIGNATURE OF PERSON COMPLETING CHECK: _____

