



Mater Dei Medication Checklist – other prescribed medication

STUDENT'S NAME: _____ **DATE:** _____

Please complete the following checklist for each other prescribed medication being sent to School for administering.

NAME OF MEDICATION: _____

SPECIFIED DOSAGE TIMES:

1.	2.	3.	4.	5.
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	YES	NO
1. Is the medication clearly labelled with the student's name?		
2. Is the medication clearly labelled with the prescribed medication name?		
3. In the case of oral medication, does the label specify dosage time and dosage amount?		
4. Is the date of expiry clearly visible on the packaging and still current?		
5. Is the medication labelled with the prescribing Doctor's name?		
6. Is the medication clearly labelled with the Pharmacy details?		
7. 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 medication 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: _____

