



## Mater Dei Medication Checklist – Non prescription medication

**STUDENT'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please complete the following checklist for each non-prescription medication being sent to School for administering (eg. Claratyne, Ventolin, FESS spray, creams for eczema, Sorbolene etc). Mater Dei staff **WILL NOT** administer homeopathic or herbal remedies.

**NAME OF MEDICATION:** \_\_\_\_\_

**SPECIFIED DOSAGE TIMES:**

1.	2.	3.	4.	5.
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	YES	NO
1. Is the medication clearly labelled?		
2. Is the medication in its original packaging or contained in a blister pack?		
3. Is the integrity of the medication acceptable and the packaging free from damage?		
4. Is the medication still within the expiry date?		
5. 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 rectify the issues before Mater Dei staff can administer the medication.

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:** \_\_\_\_\_

