

Medication Request (Form A)

Dear Parent/Caregiver of _____

Our records show that your child suffers from _____ .
At the start of every academic year, the school asks parents/caregivers to submit necessary medication, accompanied by a doctor-authorized medical plan, for students with any medical conditions. In the interest of your child's safety and wellbeing, kindly fill out the following questions and return this form to the student desk.



BETHANY
CHRISTIAN SCHOOL
Educating for Eternity

37 Countess Street
Paralowie SA 5108

PO Box 2125
Salisbury Downs
SA 5108

T. (08) 8283 0000

F. (08) 8283 0101

www.bethany.sa.edu.au

Does your child need any medication to be administered while at school?

No- Please sign the parent consent section below and return this form to the student desk.

Yes- Kindly fill out the checklist provided below, and return these forms, along with the prescribed medication and the doctor's plan, to the student desk. The management plan is intended for the doctor's completion. Refer to the back of this page for additional information.

- **Medical Management plan attached - Yes/No**
- **Medical management plan dated (within one year, preferably dated 2025) -**
____/____/____
- **Medication clearly labeled - please list them below**

- **Medication expiry date -** ____/____/____ (preferably dated 2026)
- **Medical equipment included (e.g. spacer/measuring cup)**

- **Medication and equipment (if required) placed in labeled zip lock bag -Yes/No**

Parent Consent

I acknowledge that my child _____ does not need any medication to be administered at school during the school year 202__ . I also acknowledge that I will notify the school with relevant information if this changes.

Parent/Caregiver Name: _____

Signature: _____ Date: / / 202

Medication administration in the School (Form A)



BETHANY
CHRISTIAN SCHOOL
Educating for Eternity

37 Countess Street
Paralowie SA 5108

PO Box 2125
Salisbury Downs
SA 5108

T. (08) 8283 0000

F. (08) 8283 0101

www.bethany.sa.edu.au

Dear Parent/Caregiver,

In preparation for safe and effective health care management at our school, we would like to inform you of the school's policy regarding medication administration. Below is a snap shot of the school's policy regarding medication. Alternatively, you can visit the school's website for more detailed information www.bethany.sa.edu.au/for-parents/careroom-information

- Medication can only be administered with a Doctor's prescription and with a Management Plan.
- All student medical management plans are updated annually.
- All medications need to be provided to the school by the parent at the beginning of the year
- Out-of-date medicines will not be administered.
- Please ensure medications are given to a member of staff for safe storage.

- It is vital that medication is NOT stored in children's school bags.
- Ensure your child's medication is clearly labeled with prescription information (dosage, frequency, your child's name and date of issue) and is in its original packaging.
- Prescribed medication that does not bear the child's name will not be given.
- Only the child named on the label may be administered prescription medication and only the dosage on the medication label will be given.
- Non-prescription medication must also be in its original packaging with the child's name clearly printed along with a doctor's letter.
- It is the parent's responsibility to update the school with their children's health care plan.

If your child needs to have medication to be administered while at school in 2024, please provide a Management Plan from your General Practitioner and relevant medications within the first week of your child's commencement at Bethany Christian School.

Please contact the School Nurse on 8283 0000 if you have questions or concerns.

**With thanks,
Wellbeing Team
Bethany Christian School**

No medication Needed at school (Form Z)



BETHANY
CHRISTIAN SCHOOL
Educating for Eternity

37 Countess Street
Paralowie SA 5108

PO Box 2125
Salisbury Downs
SA 5108

T. (08) 8283 0000

F. (08) 8283 0101

www.bethany.sa.edu.au

Dear Parent/Caregiver,

At the start of every academic year, we ask parents/caregivers to submit necessary medication, accompanied by a doctor-authorized medical plan, for students with any medical conditions. In the interest of your child's safety and wellbeing, kindly fill out the following questions and return this form to the office. We request new management plan for our students beginning of every year. You can visit the school's website for more detailed information www.bethany.sa.edu.au/for-parents/careroom-information

1. *Does your child still suffer from any of the medical conditions listed below?
(Please tick)*

- o Anaphylaxis to _____*
- o Allergy (please specify)- Grass/Hay fever/ Sunscreen/Animal fur /
Insect Bite/ Other: _____*
- o Asthma*
- o Eczema*
- o ADHD*
- o Diabetes Mellitus*
- o Seizure*

2. *Does your child require medication to be kept at school? Yes / No*

(If no, please sign at the bottom and return this form. If yes, please supply the appropriate medication along with an updated doctor's letter to authorize medication administration and return it to the office)

Parent Consent

I acknowledge that my child _____ does not need any medication to be administered at school in 2025. I also acknowledge that I will notify the school with relevant information if this changes.

Parent/Caregiver Name: _____

Signature: _____

Date: / / 2025