

## Register of Administration of Medication for Year 4 to 12: Camps and Excursions This form is for SPS staff only while on Camp or Tour

The seven rights of medication administration ensure student safety by verifying the right student, right medication, right dose (as per instructions on the label or packaging), right time (check last dose), right route (i.e. oral), right reason (i.e. pain), and right documentation (identifies student												
Last Name:		First		Student		Hous	e:		Class/			
		Name:		Number:					Tutor:			
Name and Dates of Camp or Excursion:						Date	Date		To:			
	-					From	:					
Parent or Guar	rdian		Relationship		Signature:				Date:			
Name:			to student:									
Student Provided Medication Name & Strength (i.e. methylphenidate 10mg)		Dose Required (i.e. ½ tablet or 5mg)	Route (e.g. oral)	Amou Time to be Medic al) administered that w Supp		ation ill be	tion Additional l be Information (wit					

Record of administration to be completed by St Paul's School (SPS) staff member										
Medication /Strength	Dose Provided	Date Given	Time Given	Amount Remaining *	Administered by (Full Name)	Signature				
School Medication Example Paracetamol 500mg	1000mg (2 tablets)	01/01/2025	12:00noon	N/A	Mary Poppins	Mary Poppins				
Student Medication Example Methylphenidate (Ritalin)										
20mg	1 x 20mg tablet	02/01/2025	8:00am	3	Mary Poppins	Mary Poppins				

Amount Remaining – only fill this in if it is a student provided medication. The amount of medication supplied to SPS will be indicated above and if you administer one tablet and we were supplied three tablets you would write two tablets. If it is a salbutamol inhaler you would write for example 180 which indicates the amounts of puffs left on the inhaler (shown on the back of the inhaler). For all school supplied medications such as paracetamol write not applicable N/A