



# METELLA ROAD PUBLIC SCHOOL

117-131 Metella Road Toongabbie NSW 2146 T 9636 1922 F 9896 3201 www.metellard-p.schools.nsw.edu.au

24 October 2022

## STAGE 3 CANBERRA EXCURSION – MEDICATION CARD

Dear Parents/Carers,

Attached to this form is a blank medication card (green). The purpose of this card is to ensure accurate instructions are provided for those students who are to receive medication while away on the Stage 3 Excursion. It also allows teachers to record the administration of medication required.

**On the morning of the excursion, all student medication is to be handed to their group teacher. All medication should be in its original packaging and clearly labelled with your child's name, the dosage and frequency. Please place medication in a snap-lock bag with the medication card attached.** Please ensure that in the case of liquid medicines that a measuring cup or spoon is provided. All medication and the form will be returned to students at the completion of the excursion.

### Medication Instructions

Below is an **example** to show how the card may be completed. When the medication has been administered, the teacher will sign the card in the allocated space. Please complete the top section and top 2 rows for each day of the table attached (Time and Dosage).

|                              |                                    |              |                            |                            |  |
|------------------------------|------------------------------------|--------------|----------------------------|----------------------------|--|
| <b>Name:</b>                 | <Write students' name>             |              | <b>Class:</b>              | <Write students' class>    |  |
| <b>Medication:</b>           | <Write the name of the medication> |              | <b>Parent's Signature:</b> | <Parent / carer must sign> |  |
| <b>Wednesday 30 November</b> |                                    |              |                            |                            |  |
| <b>Time</b>                  | With breakfast                     | After dinner |                            |                            |  |
| <b>Dosage</b>                | 2 tablets                          |              |                            |                            |  |
| <b>Signature</b>             | L Davies                           |              |                            |                            |  |
| <b>Thursday 1 December</b>   |                                    |              |                            |                            |  |
| <b>Time</b>                  | 8.00 am                            | 2.00 pm      | 6.00 pm                    | 9.00 pm                    |  |
| <b>Dosage</b>                | 1 tablet                           | 1 tablet     | 1 tablet                   | 1 tablet                   |  |
| <b>Signature</b>             | L Davies                           | L Davies     | L Davies                   | L Davies                   |  |
| <b>Friday 2 December</b>     |                                    |              |                            |                            |  |
| <b>Time</b>                  | 8.00 am                            | 2.00 pm      | 6.00 pm                    |                            |  |
| <b>Dosage</b>                | 1 tablet                           | 1 tablet     | 1 tablet                   |                            |  |
| <b>Signature</b>             | L Davies                           | L Davies     | L Davies                   |                            |  |

Mrs L. Davies  
Stage 3 Assistant Principal

Mr P. D'Ermilio  
Principal



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## **METELLA ROAD PUBLIC SCHOOL STAGE 3 CANBERRA AND SNOWY MOUNTAINS EXCURSION MEDICATION CARD**

|                      |                          |                               |  |
|----------------------|--------------------------|-------------------------------|--|
| <b>Student Name:</b> |                          | <b>Class:</b>                 |  |
| <b>Medication:</b>   |                          |                               |  |
| <b>Parent Name:</b>  | <b>Parent Signature:</b> | <b>Parent Contact Number:</b> |  |

| <b>Wednesday 30 November</b> |  |  |  |  |
|------------------------------|--|--|--|--|
| <b>Time</b>                  |  |  |  |  |
| <b>Dosage</b>                |  |  |  |  |
| <b>Administered</b>          |  |  |  |  |
| <b>Thursday 1 December</b>   |  |  |  |  |
| <b>Time</b>                  |  |  |  |  |
| <b>Dosage</b>                |  |  |  |  |
| <b>Administered</b>          |  |  |  |  |
| <b>Friday 2 December</b>     |  |  |  |  |
| <b>Time</b>                  |  |  |  |  |
| <b>Dosage</b>                |  |  |  |  |
| <b>Administered</b>          |  |  |  |  |