

Type of medication	Examples of medication	Required forms
<p>Routine</p> <p>Taken regularly at a specific time/s of day over a period of time (either short-term or long-term).</p>	<ul style="list-style-type: none"> • Antibiotics • Ritalin • Enzyme tablets • Insulin • Asthma reliever 	<p>Form A – completed by parent/Legal Guardian</p> <p><i>Form B – may be required if instructions for administration are ambiguous</i></p>
<p>As needed</p> <p>Administered only in response to certain symptoms (e.g. rash, irritated eyes, migraines).</p>	<ul style="list-style-type: none"> • Paracetamol • Topical creams/ointments • Asthma reliever 	<p>Form A – completed by parent/Legal Guardian</p> <p>Form B – completed by Dr</p>
<p>Emergency Medical Conditions</p> <p>Administered as part of an Action Plan response. (e.g. asthma, anaphylaxis, epilepsy, diabetes, etc)</p>	<ul style="list-style-type: none"> • Antihistamines • Adrenaline auto-injector (EpiPen) • Asthma reliever • Midazolam 	<p>Form A – completed by parent/Legal Guardian</p> <p>Action/Management Plan – completed by Dr:</p> <ul style="list-style-type: none"> • Anaphylaxis/Asthma action plan; • Diabetes action/management plan; • Epilepsy action/management plan • Other medical action/management plan. <p>Form B – must be provided if an action/management plan is not provided.</p>