

Instructions

This form is used to record the request, by a parent/carer, for the school to administer medication to their child. Where a student requires more than one medication, a separate form must be completed for each medication to ensure all details are clear for each medication.

Wherever possible, medication should be given to students outside of school hours and/or should be administered the first time away from school and the student observed for 24 hours before returning to school. Administering prescribed medication on a long term basis must be undertaken in accordance with the individual student's Individual Medical Response Plan.

Wherever possible, medication should be in a pharmacy prepared dosette (Webster pack). Other medication must be administered from its original container, bearing the original label and instructions. Schools will not administer medication that has passed the expiry or use by date.

The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 and other relevant legislation.

Section 1 – Parent/Carer Authorisation

Parent/Carer authorisation:

I hereby request that school staff administer medication to my child at school or during school related activities. I understand it is my responsibility to:

- Complete a new *Medication Authorisation* if the student's dosage of medication changes (e.g. 20 mg to 30 mg).
- Where dosage requirements vary from day to day (e.g. for insulin, Rivotril), to provide a letter from the prescribing qualified health professional advising the school that the parent/carer will be responsible for notifying the school of any adjusted doses.
- Collect and dispose of any unused medication that is no longer required to be administered at school.

Parent/Carer Name		Phone Number	
Parent/Carer Signature		Date	
Health Professional Signature		Date	

Section 2 – Student Information

Student Name		Date of Birth		Insert student photo here
Name of Medication		Dosage		
Route (e.g. oral, skin, gastrostomy)		Time/s of Administration		