

MEDICATION AUTHORITY FORM



Help for non-English speakers.

If you need help to understand the information in this policy, please contact Xiaomei Lin 98017450

This form must be completed by the medical practitioner or parent/carer for medication to be administered to your child during school hours. Where possible, medication should be administered to your child at home at times other than during school hours (e.g. medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed). School staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following the taking of medication. For staff to undertake to assist in administering medication to your child, the following requirements must be met:

- a Medication Authority Form is to be completed for each type of medication to be administered
- medication must be in its original packaging
- medication is not out of date and has an original pharmacy label with the student's name, dosage and time(s) to be taken
- your child has received the first dose of this medication away from the school environment and has been observed for 24 hours before return to school
- collect the medication when it is no longer required at school
- a new form is to be completed if:
 - the dosage or type of medication is altered
 - if the regime is re-started after the conclusion date of the initial instructions
 - at the beginning of each new calendar year

MEDICATION INSTRUCTIONS – TO BE COMPLETED BY THE MEDICAL PRACTITIONER OR PARENT/CARER			
Student's Full Name: (This must match pharmacy label)			
Date of Birth:	/ /	Grade :	
Name of Medication: (Medication must be in original packaging)			
Reason for Medication/Medical Condition:			
Time to be Taken at School:		Dosage to be Administered:	
Method of Administering Medication: (e.g. orally, topically)	<input type="checkbox"/> Remind <input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Administer		
Storage Instructions for Medication:			
Name of Prescribing Doctor:			
Signature of Prescribing Doctor:			
Commencement Date:	/ /	Conclusion Date :	/ /
PARENT/CARER REQUESTING MEDICATION AUTHORITY IN ACCORDANCE WITH THIS FORM			
<p>Parent/Carer authorisation: I hereby request that school staff administer medication to my child at school or during school related activities. I understand that in making this request it is my responsibility to: (i) complete a new Medication Authority Form if my child's dosage of medication changes (e.g. 20 mg to 30 mg); (ii) where dosage requirements vary from day to day (e.g. for insulin), 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; and (iii) collect any unused medication that is no longer required to be administered at school.</p>			
Name:	Contact Numbers (please supply relevant numbers)		
Relationship to Student:	Home:		
Signature:	Work:		
Date:	Mobile:		

Privacy Statement: We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) and the law.