Medication Authorisation Form

It is preferred that the following form is completed in consultation with the student's treating medical practitioner. If this is not possible then this form must be completed by the student's parents or guardian in accordance with medical advice before any medication can be administered.

Name of Student: _____ Class:_____

Parent / Guardian's Name: _____ Contact Number:_____

Treating Practitioner's Name: _____ Contact Number:_____

Reason for Medication: _____

Recommended Restrictions on Participating in School Activities: _____

_____

Important Notes:

- **Wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.**
- **Staff Members are not permitted to administer the first dose of a new medication in the event that it may cause an adverse reaction. The first dose of all medication must be administered by a parent / guardian or medical practitioner.**
- **The school will not administer Paracetamol without the completion of this form as it may mask signs and symptoms of other illness or injury.**

MEDICATION REQUIRED:				
Name of Medication/s	Dosage (Amount)	How is it to be taken? e.g. orally, inhaled topical, injection)	Time/s	Date/s
				Start date: / / ☐ Ongoing Medication End Date: / /
This Medication has been delivered to the school		☐ In its original package ☐ The pharmacy label matches the information included in this form.		
Please indicate if there are specific storage instructions for the medication:		☐ Refrigerator ☐ Room Temperature		

SELF-ADMINISTRATION OF MEDICATION

The School discourages the self-administration of any medication and will only grant permission upon written authority from the Treating Medical Practitioner. Ideally, all self-administered medication should be stored by the school.
N.B. This is not required for students with Asthma or Anaphylaxis as this is covered under ASCIA Action Plan for Anaphylaxis and the Asthma Foundation's School Asthma Action Plan.

COMPLETION OF ADMINISTRATION

At the completion of the school's agreement to administer medication, any residual medication & all empty containers / packets must be collected by the Parent / Guardian at their earliest convenience. The school may dispose of empty containers / packets only upon verbal authorisation from the Parent / Guardian.

MONITORING EFFECTS OF MEDICATION

Please note: School staff ***do not*** monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following the administration of medication.

The school collects personal information to assist with the planning and support of the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information listed in this form may be disclosed to relevant School Staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by law. By signing below I hereby authorise staff at Queen of Peace Parish Primary School to administer medication to my child in accordance with the information provided above. I also give permission for the school to contact the Treating Medical Practitioner listed above if confirmation or further information about the administration of medication is required.

Parent / Guardian's Name: _____

Signature: _____ Date: _____

Student Medication Record **(office use only)**

Staff Members are required to complete this *Medication Record* after administering medication in accordance with the *Medical Authorisation Form* on reverse. This Medication Record will be kept in the student's file for future reference.

Day	Date	Time	Medication	Dosage	Administered By	Signature