

# Hughesdale Primary School

## MEDICATION AUTHORITY FORM

**For students requiring medication to be administered at school**

**Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.**

**Please note: wherever possible, medication should be scheduled outside 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.**

### Student Details

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_ Review date for this form: \_\_\_\_\_

### Medication to be administered at school:

Name of Medication/s <u>Please complete</u>	Dosage (amount) <u>Please complete</u>	Time/s to be taken <u>Please complete</u>	How is it to be taken? (e.g. oral/topical/injection)	Dates to be administered <u>Please complete</u>	Supervision required <u>Please Tick</u>
				Start: / / End: / /  OR  <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / /  OR  <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

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### Medication delivered to the school

Please indicate if there are any specific storage instructions for any medication:

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### Medication delivered to the school

Please ensure that medication delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form

### Supervision required

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner.

Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

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### 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 medication.

### 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.

### Authorisation to administer medication in accordance with this form:

Name of Parent/Carer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If your Child has *Asthma* or *Anaphylaxis* the school will require Action Plans for this and it needs to be signed by a Medical Practitioner**