The School of Chinese Education

MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school

This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

- **For students with asthma**, Asthma Australia's *School Asthma Care Plan*
- **For students with anaphylaxis**, an ASCIA Action Plan for Anaphylaxis

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 school: _____

Name of student: _____ Date of Birth: _____

MedicAlert Number (if relevant): _____

Review date for this form: _____

MEDICATION REQUIRED

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. oral/topical/injection)	Dates to be administered	Supervision required
				Start: / / End: / / **OR** □Ongoing medication	□ No – student self-managing □ Yes □ remind □ observe □ assist □ administer
				Start: / / End: / / **OR** □Ongoing medication	□ No – student self-managing □ Yes □ remind □ observe □ assist □ administer

MEDICATION STORAGE

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

_____

_____

_____

_____

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

SELF-MANAGEMENT OF MEDICATION

Students in the early years will generally need supervision of their medication and other aspects of healthcare 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):

_____

_____

_____

_____

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

The school collects personal information so as the school can plan and support 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 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 another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

AUTHORISATION TO ADMINISTER MEDICATION IN ACCORDANCE WITH THIS FORM

Name of parent/carer or adult/mature minor**:

_____

Signature: _____ Date: _____

Name of medical/health practitioner:

_____

Professional role:

_____

Signature: _____ Date:

_____

Contact details:

_____

If additional advice is required, please attach it to this form.
***Please note: Mature minor is a student who can make their own decisions on a range of issues, before they reach eighteen years of age. See: Decision Making Responsibilities for Students*