



## Medication Authority Form



This form is to be completed when parents/carers request that a student be administered medication at the College or during a College activity. The College Principal or their delegate must approve all ongoing and regular administration of medication (over the counter or prescription) by the College and, in most cases, medication must not be administered to a child being educated and cared for unless this form is signed by an AHPRA registered medical practitioner or pharmacist.

The College Principal or delegate may agree to proceed with the authority of parent/guardian/carer signature without the authority of an AHPRA registered medical practitioner or pharmacist. This would occur in rare cases only, for example, short-term (1-2 days) administration of over-the-counter medication at the College or on off-site activities such as camps. No medication will be administered beyond the instruction on the original packaging unless recommended by an AHPRA-registered medical practitioner or pharmacist.

The College requires written permission for students to self-administer their medication from parents/guardians, in consultation with registered medical or health practitioners to determine the appropriate age and situation under which the student can self-administer their medication.

Parents/carers must ensure that medication brought to the College is in its original package with original labels. Please note, that College staff will seek emergency medical assistance if there are concerns about a student's condition following the administration of medication.

## Student Details

Name of Student	
Date of Birth	
Date of Medical Management Plan	
MediAlert Number (if applicable)	
Date for Medication Authority Form	

Please outline the reasons for the administration of medication at College. For ongoing medical conditions, this, generally, should be supported by a Medical Management Plan or a letter from the student's treating health practitioner (e.g. diagnosis of ADHD requiring administration of Ritalin at College) (see the College's Medical Management Policy for further information).

For short-term use or once off (1-2 days), please also describe the reasons for administration of medication at the College.

## Medication(s) to be administered at the College

Name of Medication	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:  <b>OR</b>  <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:  <b>OR</b>  <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:  <b>OR</b>  <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

## Medication taken to/stored at the College

Indicate if there are any specific storage instructions for any medication:

Ensure that medication taken to the College is in its original package with original labels.

Please note College staff will seek emergency medical assistance if concerned about a student's condition following medication.

Please outline the reasons the administration of medication is required. This should be supported by a Medical Management Plan for ongoing medical conditions or letter from the child's treating health practitioner:

## Privacy Statement

We collect personal and health information to plan for and support the healthcare needs of our students. Information collected will be used and disclosed in accordance with the College's published Privacy Policy.

## Authorisation to administer medication in accordance with this form

Name of authorised parent/guardian/carer:

Parent/Guardian/Carer 1 Name		
Signature		Date
Parent/Guardian/Carer 2 Name		
Signature		Date
Health practitioner name		
Practice name		
Contact details	mob	Email
AHPRA registration		
Patient URL number		
Date		

Approval authority	Director, Learning and Regional Services
Approval date	17 August 2023
Next review	April 2025