



## 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:

## 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 College and the student's medical/health practitioner.

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

Please indicate if permission is provided for the student to carry their medication (that does not have special storage requirements):

## Authorisation to administer medication in accordance with this form

Parent/Guardian/Carer 1 Name		
Signature		Date
Parent/Guardian/Carer 2 Name		
Signature		Date
<i>Please have an AHPRA registered medical practitioner or pharmacist complete the following section for ongoing use of prescription and/or over counter medication</i>		
Practitioner name		
Practice name		
AHPRA registration		
Email		Phone
Patient URL number		
Signature		
Date		

## 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 College's published Privacy Policy and Procedures.

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