

## Medication Authority Form – Parent/Carers

This form is not required for anaphylaxis, asthma or emergency epilepsy medicine. These conditions require parents to provide the school with a copy of your child's action or management plan.

This form is required for all other medication, and includes:

- Medication that does not need a prescription (over-the-counter), like paracetamol, ibuprofen or hay fever medication.
- Medication given only when your child needs it.

This form ensures staff know:

- why a medicine is required.
- the correct way to administer the medication.
- The procedure for returning unused medicine to parents.

This form gives written consent for school staff to:

- administer a medication to your child.
- call you if there are any questions or concerns regarding the administration of the medication.
- call the pharmacist or doctor if there are any questions or concerns regarding the administration of the medication.
- retain this health information in line with the Department of Education's Privacy policy and privacy legislation with the express purpose of helping your child.
- if appropriate, allow your child to carry and administer their own medication.

It is preferred, where possible, that your child's medication be administered **OUTSIDE** of school hours. For example, medication needed 3 times a day can be given before school, after school, and before bed.

For **ALL** medication, please check:

- your child has taken this medication before.
- medication is provided in original package or box.
- medication is clearly labelled with a pharmacy label containing your child's name, date of birth, and dosage for prescribed medication and clearly labelled for non-prescribed medications.
- medication is not out of date

For **prescription medication**, the school is required to confirm that the medication has been prescribed by a doctor, nurse practitioner or other health professional by the provision of one of the following:

- pharmacy label on package or box, **OR**
- pharmacy label checked and photocopied by school staff, **OR**
- doctor, nurse practitioner or other health professional has signed form, **OR**
- a letter, action or management plan signed by a health professional.

# MEDICATION AUTHORITY FORM



**If a child lives between separate homes, it is the parent or carers' responsibility to ensure there is medication at home.** These arrangements must be made **OUTSIDE** of school.

**Students who wish to independently carry and take their own medication at school, must have school principal approval.** Please contact Traralgon College via email; [Traralgon.co@education.vic.gov.au](mailto:Traralgon.co@education.vic.gov.au) or call 03 5176 2240.

**Students cannot carry or take their own controlled medication, or any benzodiazepine, without staff supervision.**

- A controlled medication is labelled "CONTROLLED DRUG" on the package or box.
- You can check with your pharmacist or call 1300 MEDICINE (1300 633 424, Monday to Friday 9 AM to 5 PM).

**If you have questions or need assistance completing this form, please contact the school on 03 5176 2240.**

## Privacy notice

The form collects your child's medication and administration information. This information will be used to ensure the correct administration of medication. It is essential that the form be complete and accurate to ensure our ability to safely provide medication to your child.

Information provided in the form will be stored securely on the Department of Education's system, with restricted access. Access will be restricted to staff who:

- administer your child's medication.
- require access as outlined in this form.
- provide required technical system assistance to access the information.
- are required to know in accordance with the Department of Education's privacy policy.

All information will be handled in accordance with the Privacy notice provided in this form, Victorian privacy legislation and the Department of Education's records privacy policy.

For further information on this Notice, or to request access and correction of personal information, please email [Traralgon.co@education.vic.gov.au](mailto:Traralgon.co@education.vic.gov.au).

# MEDICATION AUTHORITY FORM



## Medication Authority Form

<b>Student name:</b>		<b>Student date of birth:</b>	
<b>Name of medication:</b>			
<b>What is this medication for?</b>			
<b>Start date:</b>		<b>End date:</b>	
<b>How much to give (dose)?</b>	<b>When to give (time)?</b>	<b>How is it given (route)?</b>	<b>Supervision instructions</b>
			<input type="checkbox"/> Staff will give to student <input type="checkbox"/> Staff will watch and help student <input type="checkbox"/> Staff will remind student <input type="checkbox"/> Student approved to self-administer
<b>How to give medication?</b>			
<b>How to store medication?</b>			
<b>Type of medication?</b>	<input type="checkbox"/> Prescribed	<input type="checkbox"/> Controlled	<input type="checkbox"/> Over-the-counter
<b>Name of medication:</b>			
<b>What is this medication for?</b>			
<b>Start date:</b>		<b>End date:</b>	
<b>How much to give (dose)?</b>	<b>When to give (time)?</b>	<b>How is it given (route)?</b>	<b>Supervision instructions</b>
			<input type="checkbox"/> Staff will give to student <input type="checkbox"/> Staff will watch and help student <input type="checkbox"/> Staff will remind student <input type="checkbox"/> Student approved to self-administer
<b>How to give medication?</b>			
<b>How to store medication?</b>			
<b>Type of medication?</b>	<input type="checkbox"/> Prescribed	<input type="checkbox"/> Controlled	<input type="checkbox"/> Over-the-counter
<b>Who collects unused meds?</b>			
<b>Authority to give medication at school (parent/carer to tick)</b>			
<p>I consent for this medication to be given to the student during school or school-related activities, as per the instructions above.</p> <p>I authorise the school to contact the pharmacist or prescriber on the pharmacy label or this form to check how to safely give this medicine.</p> <p>I confirm that my child has had this medicine before. This is not the first time my child has taken this medicine.</p> <p>I understand that we collect personal and health information to plan for and support the health care needs of our students which will be handled in accordance with the Privacy notice in this form.</p>			
<b>REQUIRED – Parent/carer name:</b>	<b>Parent/carer signature:</b>	<b>Contact number:</b>	<b>Date signed:</b>
<b>IF NEEDED – Prescriber name:</b>	<b>Prescriber signature:</b>	<b>Contact number:</b>	<b>Date signed:</b>
<b>SCHOOL USE ONLY: authorisation</b>	<input type="checkbox"/> Original pharmacy label on package or box	<input type="checkbox"/> Signed letter, action or management plan	<input type="checkbox"/> Signed by prescriber above