

MEDICATION AUTHORISATION

AUTHORISATION OF CONSENT

By signing this **MEDICATION AUTHORISATION RECORD**, I give permission for ELC/SAC educators to administer the prescribed medication in accordance with the service *Medical Conditions & Administration of Medication Policy*. I declare that this record has been completed in conjunction with the child's Medical Management Plan, if applicable.

- Medication will only be administered as directed by the Medical Practitioner and only to the child whom the medication has been prescribed for. **Expired medications will not be administered.**
- Medication **MUST** be in the original container/packaging with the dispensing label attached including the name of the child.
- A separate form must be completed for each medication if more than one is required to be administered.
- Wherever possible, medication should be given to children outside of school hours and/or should be administered for the first time by the parent/carer and the child observed for 24 hours before returning to school.
- Administering prescribed medication on a long-term basis must be undertaken in accordance with the individual child's Medical Management Plan.

The information collected will be held at the ELC/SAC and will be made available to relevant staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the Privacy Act 1988 and other relevant legislation.

Section 1 – PARENT/GUARDIAN AUTHORISATION AND MEDICATION RECORD

Parent/Carer authorisation:

I hereby request the staff at the service administer medication to my child. I understand it is my responsibility to:

- Complete a new *Medication Authorisation* if the child's dosage of medication changes (e.g. 20 mg to 30 mg).
- Where dosage requirements vary from day to day (e.g. for insulin, Rivotril), to provide a letter from the prescribing qualified health professional advising the service that the parent/carer will be responsible for notifying the school of any adjusted doses.
- Collect and dispose of any unused medication that is no longer required to be administered.

CHILD'S FULL NAME <i>(must appear as on medication)</i>			
DATE OF BIRTH			
ADMINISTRATION OF MEDICATION FORM IS VALID FROM		TO	
PARENT/GUARDIAN NAME			
PARENT/CARER SIGNATURE		DATE	

Section 2 – MEDICATION DETAILS

NAME OF MEDICATION <i>(as shown on packaging)</i>			
NAME OF MEDICAL PRACTITIONER PRESCRIBING MEDICATION			
EXPIRY DATE/USE BY DATE			
REASON FOR MEDICATION TO BE ADMINISTERED			
STORAGE INSTRUCTIONS FOR MEDICATION			
METHOD OF ADMINISTRATION <i>(eg: oral, skin, gastrostomy)</i>		DOSAGE	
TIME/S OF ADMINISTRATION			