

# SCHOOL MEDICATION AUTHORISATION



## AUTHORISATION OF CONSENT

By signing this **MEDICATION AUTHORISATION RECORD**, I give permission for school staff to administer the prescribed medication in accordance with the service *Medical Welfare of Students Policy*. I declare that this record has been completed in conjunction with the child's Individual Medical Response 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. Wherever possible, medication should be in a pharmacy-prepared dosette (Webster pack).
- A separate form must be completed for each medication if more than one is required.
- 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 school 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.

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

## Section 2 – MEDICATION DETAILS

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