FORM 06 – Administration of Medication at the College

Student's Full Name:			
Year Level:		Date of Birth:	
Address:			
Medicare Number		Card Expiry Date:	

Please tick the relevant box.

☐ **Asthma Reliever and Adrenaline Auto-Injectors (EpiPens)** – This form can be signed by the PARENT only. The parent must provide an Action/Care Plan from the child's doctor. **Asthma Reliever Medication and Epi Pens are the only medication students are permitted to keep with them.**

☐ **Short-term Medication – prescribed for less than 30 days: from…../…../….. to…../…../…..**
This is medication for an illness expected of short duration of less than 30 days. This form can be signed by the PARENT only. The medication must be prescribed by a doctor and labelled accordingly. The medication must have a **Medical Authorisation** accompanying it. The required **Medical Authorisation** for short-term mediation is:

the medication (in its original packaging) with a completed current pharmacy label that indicates that it is prescribed medication.

The medication <u>must</u> be prescribed by a doctor and labelled accordingly.

☐ **PRN Medication -** medication to be administered as the situation calls for it. This may include medication such as Paracetamol (e.g. Panadol, Herron, Panamax) and antihistamines. This form can be signed by the PARENT only. A new form is required each school calendar year. The medication must be prescribed by a doctor and labelled accordingly. The medication must have a **Medical Authorisation** accompanying it. The required **Medical Authorisation** for PRN mediation is:

the medication (in its original packaging) with a completed current pharmacy label that indicates that it is prescribed medication.

The medication <u>must</u> be prescribed by a doctor and labelled accordingly.

☐ **Long-term Medication - prescribed for more than 30 days: from…../…../….. to…../…../…..**
This form MUST be completed and signed by the DOCTOR or accompanied with an ACTION/CARE PLAN which has been signed by the doctor. A new form is required each school calendar year. The medication must have a **Medical Authorisation** accompanying it. The required **Medical authorisation** for long-term mediation is:

- **This form completed and signed by a doctor *<u>or</u>***
- **This form completed by the parent and an Action/Care Plan completed and signed by a doctor**

The medication <u>must</u> be prescribed by a doctor and labelled accordingly.

NOTE: Only paracetamol which has been prescribed to the student by a medical practitioner and labelled accordingly will be administered.
A letter from the parent to administer medication <u>will not suffice</u> if medical authorisation cannot be confirmed. The parent should be advised that until medical authorisation can be confirmed, if they wish their child to receive medication during school hours, they will have to attend the school to take the responsibility for its administration.

1. Medical condition(s) of the child requiring regular treatment:

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2. Essential medication requiring administration during school hours (attached separate sheet if needed):

Medication Name	dosage	Time/s of dosage	Special Instructions	Self-admin (Yes/No)	

3. Recommended restrictions on participation in school activities (e.g. sport, use of tools or machinery):

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4. Recommended procedure in emergency/crisis situation:

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5. Additional comments:

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Consent by parent:

- I understand it is my responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use, or when it requires replacement.
- I understand medication label must be issued for this event period *(i.e. date on packaging must be relevant to request period)*
- For asthma relievers & PRN medication this form is valid up to December 31 of the current year or until date of expiry (whichever is sooner).
- I understand that the information provided may be discussed by the Principal/or delegate with other members of College staff.
- I hereby give permission to the Principal/or delegate, at their discretion, to obtain relevant information from the Prescribing Doctor.
- I agree to collect any unused or expired medication from the college.(Medications will not be sent home with student)
- I authorize the school to provide to ambulance / hospital authorities or qualified medical practitioner(s) information concerning any of the medications or conditions identified above.
- I accept and agree to observe the conditions imposed by the College and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medication.
- I understand the College staff administering the medication are not medical practitioners

If the MEDICATION is prescribed for more than 30 days this form MUST also be signed by your child's doctor *or* a completed Action/Care Plan, signed by a doctor, MUST be attached.

Signature of Parent/Guardian:	
Name:	
Date:	

Signature of Doctor	
Name:	
Medical Practice	
Date:	
Contact No:	