Medication Authority Form – Parent/Carers

This form is not needed for anaphylaxis, asthma or emergency epilepsy medicine. Please give school a copy of your child's action or management plan.

This form is needed for all other medicine, including medicine:

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

This form makes sure staff know:

- why a medicine is needed
- the right way to give it
- how to give back unused medicine to you.

When you fill in this form, you give written consent for school staff to:

- give a medicine to your child
- call you if there are any questions about giving medicine
- call the pharmacist or doctor if there are any questions about giving medicine
- hold this health information to help your child, following law and the department's Privacy policy
- if appropriate, allow your child to carry and take their own medication.

Where possible and appropriate, it is requested that parents/carers administer your child's medication OUTSIDE school hours. For example, medicine needed 3 times a day can be given before school, after school, and before bed.

For ALL medicine, please check:

- ☐ your child has taken this medicine before
- ☐ medicine(s) is in original package or box – speak with your pharmacist or doctor if you need other options
- ☐ medicine(s) is clearly labelled with your child's name and date of birth, like a pharmacy label
- ☐ medicine(s) is not out of date

For prescription medicine, the school needs to know that it is approved by a doctor, nurse practitioner or other health professional who can prescribe medicine. You must provide 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.

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

If the student wants to independently carry and take their own medicine at school, they must have school principal approval. Please contact our school on 03 9379 3979 to make the required arrangements in a timely manner.

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 help with this form, speak with our school on 03 9379 3979**.**

Privacy notice

The form will be collecting the information about your child's medication and how and when it should be taken. All this information will be used to ensure that your child is given medication correctly. If not all the information is provided on the form, it may affect our ability to provide medication to your child.

Information provided in the form will be stored securely in the department's systems, with access restricted to those providing your child with medication, those that need access as outlined in this form, staff that need to provide required technical system assistance to access the information and also any staff that need to know in accordance with the department's privacy policy.

All information will be handled in accordance with the Privacy notice provided in this form and Victorian privacy laws and the department's policies regarding privacy and records.

For further information on this Notice, or to request access and correction of personal information, please email essendon.north.ps@education.vic.gov.au.

The below template includes examples of how to **complete the form accurately on the next page.**

Name of medication:	[*Please include the specific name of the medication*]		
What is this medication for?	[*Example: treatment of allergy, support regulation*]		
Start date:		**End date:**	
How much to give (dose)?	**When to give (time)?**	**How is it given (route)?**	**Supervision instructions**
[*Example: no. of tablets; sachets; mL liquid]*	[*Example: recess; lunch; midday; as-needed if X*]	[*Example: by mouth; left/right ear; injection*]	☐ Staff will give to student ☐ Staff will watch and help student ☐ Staff will remind student ☐ Student approved to self-administer
How to give medication?	[*Example: mix in mL water; more supervision instructions; student is learning to …*]		
How to store medication?	[*Example: in fridge; student approved by principal/delegate to carry their own in bag …*]		
Type of medication?	☐ Prescribed	☐ Controlled	☐ Over-the-counter

Essendon North Primary School - Medication Authority Form

Student name:	Student date of birth:

Name of medication:			
What is this medication for?			
Start date:		**End date:**	

How much to give (dose)?	When to give (time)?	How is it given (route)?	Supervision instructions
			☐ Staff will give to student ☐ Staff will watch and help student ☐ Staff will remind student ☐ Student approved to self-administer

How to give medication?			
How to store medication?			
Type of medication?	☐ Prescribed	☐ Controlled	☐ Over-the-counter

Name of medication:			
What is this medication for?			
Start date:		**End date:**	

How much to give (dose)?	When to give (time)?	How is it given (route)?	Supervision instructions
			☐ Staff will give to student ☐ Staff will watch and help student ☐ Staff will remind student ☐ Student approved to self-administer

How to give medication?			
How to store medication?			
Type of medication?	☐ Prescribed	☐ Controlled	☐ Over-the-counter

Who collects unused meds? *(Example: name of person who will collect from school staff each term ...)*	

Authority to give medication at school (parent/carer to tick)

- ☐ I consent for this medication to be given to the student during school or school-related activities, as per the instructions above.
- ☐ I confirm that my child has had this medicine before. This is not the first time my child has taken this medicine.
- ☐ 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.
- ☐ 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.

REQUIRED – Parent/carer name:	Parent/carer signature:	Contact number:	Date signed:

IF NEEDED – Prescriber name:	Prescriber signature:	Contact number:	Date signed:

SCHOOL USE ONLY: authorisation	☐ **Original pharmacy label on package or box**	☐ **Signed letter, action or management plan**	☐ **Signed by prescriber above**