

MEDICATION AUTHORISATION AND ADMINISTRATION RECORD

Section 3 – Parent/Carer Authorisation

Parent/Carer authorisation:

I hereby request that school staff administer medication to my child at school or during school related activities, as specified in Section 4. I understand that in making this request it is my responsibility to:

- Complete a new *Medication Authorisation and Administration Record* if the student'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 school that the parent/carers 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 at school.

Parent/Carer Name

Phone Number

Parent/Carer Signature

Date

Health Providers Number and Signature

Date

*This Authorisation will expire 1 year from this date.

Section 4 – Student Information

Student Name	Date of Birth	Insert student photo here
Name of Medication	Dosage	
Route (e.g. oral, skin, gastrostomy)	Time/s of Administration	

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school 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 *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

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Section 5 - Medication Administration Record

KEY	A	Student Absent	S	Self Administered	X	School Closed
	O	Off Campus	N/S	No supply of medication	R	Student Refused

NB: This form has the space to record staff authorised to administer medication per day and verification by another staff - rows can be added if more than one dose of medication is required per day.

MONTH	Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri
January/Date															
Time															
Signature															
Verification															
Name															
February/Date															
Time															
Signature															
Verification															
Name															
March/Date															
Time															
Signature															
Verification															
Name															
April/Date															
Time															
Signature															
Verification															
Name															
May/Date															
Time															
Signature															
Verification															
Name															
June/Date															
Time															
Signature															
Verification															
Name															

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MONTH	Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	Mon	Tues	Wed	Thur	Fri	
July/Date																					
Time																					
Signature																					
Verification																					
Name																					
August/Date																					
Time																					
Signature																					
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September/Date																					
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October/Date																					
Time																					
Signature																					
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November/Date																					
Time																					
Signature																					
Verification																					
Name																					
December/Date																					
Time																					
Signature																					
Verification																					
Name																					
<input type="checkbox"/> Parent/ carer has collected unused medication that is no longer required to be administered at school. This plan is valid for 12 Months only and a new plan must be completed annually.																					