

# Medication Authority & Log

This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

- For students with asthma or anaphylaxis, please submit a Care Plan and kit

Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.

**Please note: wherever possible, medication should be scheduled outside school hours, eg medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.**

## Student Details

Student first name	Student last name	Date of Birth
MedicAlert Number (if relevant)		
Review date for this form		

## Medication to be administered at school:

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg oral/topical/injection)	Dates to be administered	Supervision required
			<input type="checkbox"/> Oral <input type="checkbox"/> Topical <input type="checkbox"/> Injection	<input type="checkbox"/> Start: / / <input type="checkbox"/> End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes – please <b>describe</b>

## Medication delivered to the school

Please indicate if there are any specific storage instructions for any medication:

## Medication delivered to the school

Please ensure that medication delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form

## Supervision required

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner.

## Monitoring effects of medication

Please note: School staff **do not** monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

## Privacy Statement

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy, which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) and the law.

## Authorisation to administer medication in accordance with this form:

Name of parent/carer		
Signature:		Date
Name and role of medical/health practitioner		
Signature:		Date
Contact details	Telephone	

# Medication Authority & Log

This log should be completed by the staff member administering medication to any student at the school.

Student Details									
Student first name						Student last name			
Date	Time	Name of Medication and Dose	Tick when checked ✓				Comments	Staff member administering (print name and initial)	Staff member checking* (print name and initial)
			Correct Child	Correct Medication	Correct Dose	Correct Route			

GENERAL OFFICE USE ONLY

\*Cross-checking: It is recognised that in many school settings medication is administered using a system of two staff members checking that medication is correctly administered. This is an appropriate added safety measure and is seen as good practice.