

# St Peter' Medication Authority Form



## Student Details

Name of student:

Date of birth:

MediAlert number (if relevant):

Review date for this form:

Medication(s) to be administered at school					
Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. oral/ topical/ Injection)	Dates to be administered	Supervision required?
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

## Medication taken to/stored at the school

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

## Medication Protocols and delivered to the school

The following protocols set out clear guidelines for the administration of medications to students. Teachers can only administer medication to students if written permission from parent /guardians is given. Unfortunately verbal consent at the beginning of the school day is not adequate.

All medication must be provided to the school in it's packaging, complete with the child's name and dosage on the label, and manufacturer's and/or pharmacist's instruction clearly visible. Do not send tablets (eg Panadol cut off from the sheet). The school will not administrate or take responsibility for



any medications, lotions or cream solutions etc. except on written authority of the child's parents or guardian. Most importantly, the best place for a child who is sick is home under full –time care

Please ensure that medication delivered to the school:

Is in its original package

The pharmacy label matches the information included in this form.

**Please outline the reasons the administration of medication is required. This should be supported by a letter from the child's treating health practitioner:**

### 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 School's published Privacy Policy.

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

Name of parent/guardian/carer:

Signature:

Date:

Health practitioner name:

Health practitioner signature:

Date:

Health practitioner provider number:

Contact details:

### UNDERLYING HEALTH CONDITION

**Students with underlying conditions (such as hay fever or asthma)**

Parents/carers should get a medical certificate from the child's treating GP to confirm that it is safe for them to attend school with persistent symptoms that may overlap with some of the symptoms of COVID-19 such as cough or runny nose.

Please attach the letter to this form.