

Instructions

This form is used to record the request, by a parent/carer, for the school to administer medication to their child and to record the administration of this medication to the student by school staff. Where a student requires more than one medication, a separate form must be completed for each individual medication type.

Wherever possible, medication should be given to students outside of school hours and/or should be administered the first time away from the school environment and the student observed for 24 hours before return to school.

The administration of prescribed medication on a long term basis is to be undertaken in accordance with the individual student's Known Medical Condition Response Plan and/or HAAS Plan.

Section 1 – Administration of Medication

Administration of medication should be undertaken in accordance with the requirements of the directorate's *First Aid Policy, First Aid General Procedure, First Aid Facilities Procedure, First Aid Records Management Procedure, Standard Precautions for Infection Control and Safe Work Practice Procedure, Sharps and Biohazardous Waste Procedure* and if relevant, the *Administration of Analgesics Procedure*.

The administration of all medication requires a two person 'five rights' check. This comprises checking:

1. Right student – check student identity
2. Right drug – check drug label
3. Right dose – check medication authority
4. Right route – per section 3 below (swallowed, applied to skin, via gastrostomy, eye dropetc)
5. Right time – per section 3 below

The medication administration record (see over) must be initialled by both persons administering the drug to confirm that the medication was administered or enter the appropriate code from the key located at the top of Section 4.

Section 2 – Storage/Security of Medication

Wherever possible, regular medication should be in a pharmacy prepared dosette (Webster pack). Short term medication, liquid and topical prescribed medication must be administered from its original container, bearing the original label and instructions, and before the expiry or use by date.

Any medication, health care related equipment held by the school must be kept in a secure place in accordance with the requirements of [First Aid Policy](#), *First Aid Facilities Procedure* and manufacturer's instructions. Where there are a large number of students with medication, such as in specialist school environments, locked cupboards located close to or in classrooms may be in use.

Access to medications, health care related equipment is to be provided for the first aid officers and authorised persons only. First aid officers should ensure that where prescribed medications are kept, they are stored in a location other than in the first aid kit and that due care and control is maintained over their storage and administration.

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 Professional Signature		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*.

MEDICATION AUTHORISATION AND ADMINISTRATION RECORD

Section 5 - Medication Administration Record

KEY

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

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

MEDICATION AUTHORISATION AND ADMINISTRATION RECORD

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																					
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August/Date																					
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Name																					
December/Date																					
Time																					
Signature																					
Verification																					
Name																					

Parent/ carer has collected unused medication that is no longer required to be administered at school.