



### Medication delivered to the school

Please ensure that medication delivered to the school :

- is handed to the relevant staff member.
- is in its original package.
- the pharmacy label matches the information included in this form.

### 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.

### Authorisation

Parent/Carer Name:		Signature:	
Contact Number:		Date:	
Secondary Contact Name		Contact Number:	
Medical practitioner Name		Contact Number	

### Administration of Medication at School or Camp Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly on 0355931962 for further inquiries.

This form is designed to record the administration of a medication to a student during school or on school camps.

This form is NOT for recording the administration of emergency medication. Use the student health support plan for this purpose. (see link below)

### Instructions for school staff:

- **Prior to administering medication, confirm that:**
  - The parent has completed the highlighted **yellow sections** of this form.
  - The medication container has a valid pharmacy label which includes the name of the medical practitioner to confirm that it is prescription medication.
  - The pharmacy label instructions match the medication information section of the above information supplied by the parent/carer.
- **During administration:**
  - Refer to the above information supplied by the parent/carer.
- **After administration:**
  - Initial and sign the appropriate box to confirm that the medication was administered or used in-conjunction with the appropriate information provided.

**If the student refuses to take their medication, contact the parent to advise them.**