



# Medication Authority Form – Parent/Carers

This form is **not needed** for anaphylaxis, asthma or emergency epilepsy medicine. If your child has an **Action** or **Management Plan** please submit a copy to the school.

**This form is needed for all other medicine, including medicine:**

- that does not need a prescription (over-the-counter), like paracetamol, ibuprofen or hay fever medicine
- given only when your child needs it.

**This form makes sure staff know:**

- why a medicine is needed
- the right way to give it
- how to give back unused medicine to you.

**When you fill in this form, you give written consent for school staff to:**

- give a medicine to your child
- call you if there are any questions about giving medicine
- call the pharmacist or doctor if there are any questions about giving medicine
- hold this health information to help your child, following law and the department's Privacy policy
- if appropriate, allow your child to carry and take their own medication.

**If you can, give your child medicine **OUTSIDE** school hours.** For example, medicine needed 3 times a day can be given before school, after school, and before bed.

**For ALL medicine, please check:**

- ☐ your child has taken this medicine before
- ☐ medicine(s) is in original package or box – speak with your pharmacist or doctor if you need other options
- ☐ medicine(s) is clearly labelled with your child's name and date of birth, like a pharmacy label
- ☐ medicine(s) is not out of date

**For prescription medicine,** the school needs to know that it is approved by a doctor, nurse practitioner or other health professional who can prescribe medicine. You must provide one of the following:

- ☐ pharmacy label on package or box, **OR**
- ☐ pharmacy label checked and photocopied by school staff, **OR**
- ☐ doctor, nurse practitioner or other health professional has signed form, **OR**
- ☐ a letter, action or management plan signed by a health professional.

**If a child lives between separate homes, it is the parent or carers' responsibility to make sure there is medicine at home.** These arrangements must be made outside of school.

**If the student wants to independently carry and take their own medicine at school, they must have School Principal approval.** Please contact Elissa Campbell - Principal.

**Students cannot carry or take their own controlled medication, or any benzodiazepine, without staff supervision.**

- A controlled medication is labelled "CONTROLLED DRUG" on the package or box.
- You can check with your pharmacist or call 1300 MEDICINE (1300 633 424, Monday to Friday 9 AM to 5 PM).

**If you have questions or need help with this form, speak with our school on 03 5427 2455.**

#### **Privacy notice**

The form will be collecting the information about your child's medication and how and when it should be taken. All this information will be used to ensure that your child is given medication correctly. If not all the information is provided on the form, it may affect our ability to provide medication to your child.

Information provided in the form will be stored securely in the department's systems, with access restricted to those providing your child with medication, those that need access as outlined in this form, staff that need to provide required technical system assistance to access the information and also any staff that need to know in accordance with the department's privacy policy.

All information will be handled in accordance with the Privacy notice provided in this form and Victorian privacy laws and the department's policies regarding [privacy](#) and [records](#).

For further information on this Notice, or to request access and correction of personal information, please email [woodend.ps@education.vic.gov.au](mailto:woodend.ps@education.vic.gov.au)

# Woodend Primary School Medication Authority Form

|                      |  |                               |  |
|----------------------|--|-------------------------------|--|
| <b>Student name:</b> |  | <b>Student date of birth:</b> |  |
|                      |  |                               |  |

  

|                                     |                                     |                                     |                                                                                                                                                                                                                                                |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name of medication:</b>          |                                     |                                     |                                                                                                                                                                                                                                                |
| <b>What is this medication for?</b> |                                     |                                     |                                                                                                                                                                                                                                                |
| <b>Start date:</b>                  |                                     | <b>End date:</b>                    |                                                                                                                                                                                                                                                |
| <b>How much to give (dose)?</b>     | <b>When to give (time)?</b>         | <b>How is it given (route)?</b>     | <b>Supervision instructions</b>                                                                                                                                                                                                                |
|                                     |                                     |                                     | <input type="checkbox"/> Staff will give to student<br><input type="checkbox"/> Staff will watch and help student<br><input type="checkbox"/> Staff will remind student<br><input type="checkbox"/> Student <u>approved</u> to self-administer |
| <b>How to give medication?</b>      |                                     |                                     |                                                                                                                                                                                                                                                |
| <b>How to store medication?</b>     |                                     |                                     |                                                                                                                                                                                                                                                |
| <b>Type of medication?</b>          | <input type="checkbox"/> Prescribed | <input type="checkbox"/> Controlled | <input type="checkbox"/> Over-the-counter                                                                                                                                                                                                      |

  

|                                     |                                     |                                     |                                                                                                                                                                                                                                                |
|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name of medication:</b>          |                                     |                                     |                                                                                                                                                                                                                                                |
| <b>What is this medication for?</b> |                                     |                                     |                                                                                                                                                                                                                                                |
| <b>Start date:</b>                  |                                     | <b>End date:</b>                    |                                                                                                                                                                                                                                                |
| <b>How much to give (dose)?</b>     | <b>When to give (time)?</b>         | <b>How is it given (route)?</b>     | <b>Supervision instructions</b>                                                                                                                                                                                                                |
|                                     |                                     |                                     | <input type="checkbox"/> Staff will give to student<br><input type="checkbox"/> Staff will watch and help student<br><input type="checkbox"/> Staff will remind student<br><input type="checkbox"/> Student <u>approved</u> to self-administer |
| <b>How to give medication?</b>      |                                     |                                     |                                                                                                                                                                                                                                                |
| <b>How to store medication?</b>     |                                     |                                     |                                                                                                                                                                                                                                                |
| <b>Type of medication?</b>          | <input type="checkbox"/> Prescribed | <input type="checkbox"/> Controlled | <input type="checkbox"/> Over-the-counter                                                                                                                                                                                                      |

  

|                                  |  |  |  |
|----------------------------------|--|--|--|
| <b>Who collects unused meds?</b> |  |  |  |
|----------------------------------|--|--|--|

  

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Authority to give medication at school (parent/carer to tick)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| <input type="checkbox"/> I consent for this medication to be given to the student during school or school-related activities, as per the instructions above.<br><input type="checkbox"/> I authorise the school to contact the pharmacist or prescriber on the pharmacy label or this form to check how to safely give this medicine.<br><input type="checkbox"/> I confirm that my child has had this medicine before. This is not the first time my child has taken this medicine.<br><input type="checkbox"/> I understand that we collect personal and health information to plan for and support the health care needs of our students which will be handled in accordance with the Privacy notice in this form. |  |  |  |

  

|                                      |                                |                        |                      |
|--------------------------------------|--------------------------------|------------------------|----------------------|
| <b>REQUIRED – Parent/carer name:</b> | <b>Parent/carer signature:</b> | <b>Contact number:</b> | <b>Date signed :</b> |
|                                      |                                |                        |                      |

  

|                                     |                              |                        |                      |
|-------------------------------------|------------------------------|------------------------|----------------------|
| <b>IF NEEDED – Prescriber name:</b> | <b>Prescriber signature:</b> | <b>Contact number:</b> | <b>Date signed :</b> |
|                                     |                              |                        |                      |

  

|                                       |                                                                    |                                                                   |                                                     |
|---------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------|
| <b>SCHOOL USE ONLY: authorisation</b> | <input type="checkbox"/> Original pharmacy label on package or box | <input type="checkbox"/> Signed letter, action or management plan | <input type="checkbox"/> Signed by prescriber above |
|---------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------|