Melbourne Archdiocese
Catholic Schools

# St Peter's School Medication Authority Form

This form is to be completed where parents/guardians/carers request that a student be administered medication at school or during a school activity. The principal or nominated staff member must approve all ongoing and regular administration of medication (over the counter or prescription) by the school. In most cases, medication must not be administered to a child being educated and cared for unless this form is signed by an authorised AHPRA registered medical/health practitioner.

The principal or nominated staff member may agree to proceed with the authority of parent/guardian/carer signature without the authority of an authorised AHPRA registered health/medical practitioner. This would only occur in rare cases, for example, short term (1–2 days) administration of over-the-counter medication at school or on off-site activities such as camps. No medication will be administered beyond the instruction on the original packaging unless recommended by an authorised AHPRA registered health/medical practitioner.

Schools require written permission from parents/guardians/carers for students to self-administer their medication. This should be in consultation with registered medical or health practitioners to determine appropriate age and situation under which the student can self-administer their medication.

Parents/guardians/carers must ensure that medication brought to the school is in its original package with original labels. Please note, school staff will seek emergency medical assistance if there are concerns about a student's condition following the administration of medication.

| Student details | | | | | |
|---|---|---|---|---|---|
| Name of student | | | | Date of birth | |
| Date of Medical Management Plan (if relevant) | | MedicAlert Number (if applicable) | | Date for Medication Authority Form | |

| Requirement for medication to be administered at school |
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Please outline the reasons for the administration of medication at school. For ongoing medical conditions, this should generally be supported by a Medical Management Plan or a letter from the student's treating health practitioner (e.g. diagnosis of ADHD requiring administration of Ritalin at school) (see the school's Medical Management Policy for further information).

For short term use or once off (1–2 days), please also describe the reasons for administration of medication at school.

| Medication to be administered at school | | | | | |
|---|---|---|---|---|---|
| **Name of Medication** | **Dates to be administered**<br>☐ Ongoing<br>☐ Short term<br>Start: ……..<br>End ……. | **Time/s to be taken** | **Dosage** | **Method (e.g. topical, oral, injected)** | **Supervision required?**<br>☐ No – self managed by student<br>☐ Yes<br>☐ Remind<br>☐ Observe<br>☐ Assist<br>☐ Administer |
| **Name of Medication** | **Dates to be administered**<br>☐ Ongoing<br>☐ Short term<br>Start: ……..<br>End ……. | **Time/s to be taken** | **Dosage** | **Method (e.g. topical, oral, injected)** | **Supervision required?**<br>☐ No – self managed by student<br>☐ Yes<br>☐ Remind<br>☐ Observe<br>☐ Assist<br>☐ Administer |
| **Name of Medication** | **Dates to be administered**<br>☐ Ongoing | **Time/s to be taken** | **Dosage** | **Method (e.g. topical, oral, injected)** | **Supervision required?**<br>☐ No – self managed by student |

| | | | | | |
|---|---|---|---|---|---|
| | ☐ Short term<br><br>Start: ……..<br><br>End ……. | | | | ☐ Yes<br>☐ Remind<br>☐ Observe<br>☐ Assist<br>☐ Administer |
| **Add rows as required** | | | | | |
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## Medication taken to / stored at the school – Storage requirements

Indicate if there are any specific storage instructions for any of the required medications:

## 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/guardians/carers, the school and the student's medical/health practitioner.

Please describe whether supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

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| Please indicate if permission is provided for the student to carry their medication (that does not have special storage requirements): |

| Authorisation to administer medication in accordance with this form | | | |
|---|---|---|---|
| Parent/Guardian/Carer 1 Name | | Parent/Guardian/Carer 2 Name | |
| Signature | | Signature | |
| Date | | Date | |
| **Please have an authorised AHPRA registered health/medical practitioner complete the following section for ongoing use of prescription and/or over the counter medication** | | | |
| Practitioner name | | | |
| Name of health practice | | | |
| Address | | | |
| Telephone | | Email | |
| AHPRA registration number | | Patient URL number | |
| Signature | | Date | |

| Privacy statement |
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| 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 St Peter's School published Privacy Policy. |

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| **Approval authority** | Director, Learning and Regional Services |
| **Approval date** | 17 April 2024 |
| **Next review** | April 2025 |