FORM A: Request to administer medication

If placed on school letter head all requirements must be retained

Parent/guardian information

Please read this information carefully prior to completing the consent form.

All medication to be administered (given) to your child by school staff must be medically authorised by your child's registered health practitioner.

Medication includes:

- Over-the-counter medicines – can be purchased from supermarkets, health food stores or on-line retailers. Examples include paracetamol, ibuprofen, antihistamines, alternative medicines, supplements, vitamins, etc.
- Pharmacy medicines – can only be purchased from a pharmacy. Examples include cough and cold medicines, heart burn
- Pharmacist only medicines – can only be purchased from a pharmacy after speaking with the pharmacist. Examples include asthma inhalers, EpiPens, mild steroid creams, glucagon (hypokit),
- Prescription only medicines - can only be purchased from a pharmacy with a valid prescription from a treating health practitioner.
- Controlled drugs – such as Methylphenidate (*Ritalin, Artige, Concerta*), Dexamfetamine sulfate (*Aspen, Sigma*), Lisdexamfetamine (*Vyvanse*), opioid pain medication, etc.

The *Request to administer medication form* must be completed by a parent/legal guardian for all school administered medication. The parent/legal guardian must provide an updated form for any changes to your child's medication requirements. Ceasing medication must be done in writing.

The first dose of a new medication should not be administered at school, due to the potential dangers of an adverse reaction.

Medical authorisation is provided via the pharmacy label which will include the name of your child's registered health practitioner, who prescribed the medication for use. The pharmacy label should also detail when and how the medication is to be administered.

All medication must be received in its original or pharmacy packaging with the pharmacy label attached to the original/pharmacy packaging. Medication must be in the most recently dispensed, original/pharmacy packaging. Refilled, previously dispensed packaging, will not be accepted by the school.

If your child takes a medicine that requires cutting of a tablet, the tablet must be pre-cut and packaged by a pharmacist (in a Webster-Pak or similar) prior to providing the medicine to the school.

Medication, not approved for self-administration, must be delivered to the school by a parent/guardian, except in exceptional circumstances. Contact the Principal if exceptional circumstances exist.

Medication held by the school, that is no longer required for your child or is unused at the end of the school year, must be collected by a parent/guardian as soon as possible. Medication cannot be sent home with your child. If a parent/guardian is unable to collect the medication within a reasonable time, it will be taken to a local pharmacy.

Additional written instruction

If your child has been prescribed medication that is to be administered on an 'as needed' basis, additional written instruction from your child's registered health practitioner will be required to ensure safe medication administration.

Additional written instructions are to be provided in the form of an Asthma Action Plan and/or, an Anaphylaxis Action Plan and/or, a medication order for insulin with a diabetes management plan and/or, a completed BCE *Medication Administration Instructions form*. A *Medication Administration Instruction* form will also be required where there is insufficient information on the pharmacy label and/or associated action/management plans to enable safe administration of medication, such as changes to dose, time of administration, signs/symptoms to indicate the need for medication administration etc. All medications you provide for the school to administer to your child must be prescribed by a qualified health professional who is authorised to prescribe medications.

Self-administration

We understand that self-management of health conditions encourages children and teens to build independence, recognise the signs/symptoms of their health condition, and administer their own medication (including pain relief, asthma inhalers, antihistamines, etc), when required. Parents/guardians can request for their child to self-administer medication by completing the *Request for Student to self-administer medication form*. Self-administration of medication must be approved by the Principal or their delegate. Approved students must comply with the self-administration agreement at all times. *Controlled drugs (S8) are not approved for self-administration.*

Health conditions requiring additional support

Students with health conditions that require the administration of emergency medication or health support other than or in addition to medication, will require an *individual health support plan*. The school will work together with you and your child's registered health practitioner to prepare the relevant health support plan. These plans ensure your child has the appropriate health support/s in place at school for their health condition.

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This form must be completed by the parent/legal guardian for all medications, including over the counter medication or alternative or supplementary medicines, to authorise administration of prescribed medicine to a student during school hours.

Student Name:		
Date of Birth:		
Type of Medication:	☐ **Routine Medication**	☐ **'As needed' Medication**
Instructions from a Medical Practitioner provided via:	☐ Pharmacy label ☐ Prescriber instructions *(if required/requested to ensure safe administration)*	☐ Pharmacy label ☐ Prescriber instructions *(must be provided either via Action Plan, Management Plan or Medication Administration Instructions form)*
Medical Practitioner's Name:		
Address:		
Health condition/s requiring medication:		
Name and strength of medication:		
Dosage:		
Additional dosage instructions ***e.g., with food***		
Time to be taken:		
Commencement date:		**Conclusion date:**
Storage requirements:		
Known potential adverse reaction/s e.g., drowsiness		

- ✓ I affirm that my child has previously taken this medication and any known adverse reactions/side effects have been listed above. *This may not apply where emergency medication has not been previously administered*.
- ✓ I understand that medication will only be administered in accordance with the attached pharmacy label and/or additional written instructions from my child's registered health practitioner.
- ✓ I will provide the above-named medication in the most recently dispensed, original/pharmacy container with the pharmacy label attached.
- ✓ I understand that additional written instructions from my child's registered health practitioner must be provided if requested by the School, and that medication cannot be administered until these instructions are received.
- ✓ I understand that should my child refuse medication, school staff may not be able to administer the medication to my child.

I _____(*Name of Parent/Legal guardian*) request administration of the above medication to my child by delegated school staff.

Parent/legal guardian Signature:		**Date:**	

The above medication can be administered by delegated staff at the school.

Principal or delegate name:			
Principal or delegate signature:		**Date:**	