

MEDICATION AUTHORITY FORM - CAMP

For students requiring medication to be administered on school camp



This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered on school camp but Frankston Heights Primary School may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

- For students with asthma, [Asthma Australia's School Asthma Care Plan](#)
- For students with anaphylaxis, an [ASCLIA Action Plan for Anaphylaxis](#)

Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.

Please note: this form is to be completed and returned to the school's first aid officer at least three weeks prior to camp. Medication required during school camp is to be signed in by the parent/carer and given to the camp first aid officer the morning of camp. The parent/carer must sign out the medication after camp.

Student Details

School: Frankston Heights Primary School	
Name of student:	Date of birth:
MedicAlert Number (if relevant):	
Review date for this form: annually or when there is a change to medication type and dosage	

FHPS will not allow a student to take their first dose of a new medication on school camp in case of an allergic reaction. This should be done under the supervision of the parent/carer, or health practitioner at least 24 hours prior to the camp. Please tick appropriate box in the first column of the table below for each medication listed.

Medication to be administered at school:

Name of Medication	Dosage (amount)	Time/s to be taken	Administration method e.g. oral/ injection	Dates to be administered	Supervision required	Storage instructions
Student has had medication previously: <input type="checkbox"/> Yes <input type="checkbox"/> No				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication <input type="checkbox"/> As required	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer	<input type="checkbox"/> Fridge <input type="checkbox"/> Cupboard <input type="checkbox"/> Other (please specify)
Student has had medication previously: <input type="checkbox"/> Yes <input type="checkbox"/> No				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication <input type="checkbox"/> As required	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer	<input type="checkbox"/> Fridge <input type="checkbox"/> Cupboard <input type="checkbox"/> Other (please specify)
Student has had medication previously: <input type="checkbox"/> Yes <input type="checkbox"/> No				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication <input type="checkbox"/> As required	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer	<input type="checkbox"/> Fridge <input type="checkbox"/> Cupboard <input type="checkbox"/> Other (please specify)

Medication to be administered at school:

Name of Medication	Dosage (amount)	Time/s to be taken	Administration method e.g. oral/ injection	Dates to be administered	Supervision required	Storage instructions
Student has had medication previously: <input type="checkbox"/> Yes <input type="checkbox"/> No				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication <input type="checkbox"/> As required	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer	<input type="checkbox"/> Fridge <input type="checkbox"/> Cupboard <input type="checkbox"/> Other (please specify)

Medication delivered to the school

Please ensure that medication for school camp is delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form

Supervision required

Students will be supervised when taking their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students may take responsibility for some of their health care e.g. asthma puffer. However, self-management should be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner.

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

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.

Warning

Frankston Heights Primary School will not:

- store or administer painkillers such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury
- allow a student to take their first dose of a new medication on school camp in case of an allergic reaction. This should be done under the supervision of the parent or carer, or health practitioner.
- allow the use of medication by anyone other than the prescribed student.

Note: Only in an emergency situation could this requirement be varied. For example, if a student is having an asthma attack and their own blue reliever puffer is not readily available, one should be obtained and given without delay.

Privacy Statement

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 the Department of Education and Training's privacy policy which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) and the law.

Authorisation to administer medication in accordance with this form:

Name of parent/carer:	
Signature:	Date:
Name of medical/health practitioner:	
Professional role:	
Signature:	Date:
Contact details:	