FHPS MEDICATION AUTHORITY FORM

Student medication to be administered at School Camp

This form is not needed for anaphylaxis, asthma or emergency epilepsy medicine. Please give the school a copy of your child's action or management plan.

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.

NOTE: **If you can, give your child medicine OUTSIDE school hours**, e.g. medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

For ALL medicine, please check:

- ☐ your child has taken this medicine before. FHPS will not allow a student to take their first dose of a new medication at school in case of an allergic reaction.
- ☐ 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- ☐ medicine(s) is not out of date. Expiry date is clearly listed on packaging

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.

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, please contact the school on 97834988.

PRIVACY NOTICE

This form collects information about your child's medication, including how and when it is to be administered. This information is required to ensure medication is administered safely and correctly. If all required information is not provided, the school may be unable to administer your child's medication.

The information provided will be stored securely in the Department's systems and accessed only by staff who require the information to administer medication, provide authorised support, maintain the Department's systems, or otherwise perform their duties in accordance with Department 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 to and correction of personal information, please contact Frankston Heights Primary School at frankston.heights.ps@education.vic.gov.au.

FHPS Medication Authority Form – School Camp

Student name:	Student date of birth:

Name of medication:					
What is this medication for?					
Start date:		**End date:**		**Expiry Date:**	

How much to give (dose)? E.g. no. of tablets, mL liquid	When to give (time)?	How is it given? E.g. mouth, injection, left/right ear	Supervision instructions
			☐ Staff will give to student ☐ Staff will watch and help student ☐ Staff will remind student ☐ Student approved to self-administer

How to give medication? E.g. mix with water, supervision			
How to store medication? E.g. fridge, cupboard			
Type of medication?	☐ Prescribed	☐ Controlled	☐ Over-the-counter

Name of medication:					
What is this medication for?					
Start date:		**End date:**		**Expiry Date:**	

How much to give (dose)? E.g. no. of tablets, mL liquid	When to give (time)?	How is it given? E.g. mouth, injection, left/right ear	Supervision instructions
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What is this medication for?					
Start date:		**End date:**		**Expiry Date:**	

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			☐ Staff will give to student ☐ Staff will watch and help student ☐ Staff will remind student ☐ Student approved to self-administer

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How to give medication? E.g. mix with water, supervision	
How to store medication? E.g. fridge, cupboard	

Type of medication?	☐ Prescribed	☐ Controlled	☐ Over-the-counter

Who collects unused meds?	

Authority to give medication at school (parent/carer to tick)

- ☐ I consent for this medication to be given to the student during school or school-related activities, as per the instructions above.
- ☐ 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.
- ☐ I confirm that my child has had this medicine before. This is not the first time my child has taken this medicine.
- ☐ 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.

REQUIRED – Parent/carer name:	**Parent/carer signature:**	**Contact number:**	**Date signed:**

IF NEEDED – Prescriber name:	**Prescriber signature:**	**Contact number:**	**Date signed:**

SCHOOL USE ONLY: authorisation	☐ **Original pharmacy label on package or box**	☐ **Signed letter, action or management plan**	☐ **Signed by prescriber above**