

# Weeroona College Bendigo – Medication Authority Form

## Medication Authority Form

For a student who requires medication whilst at school

This form should be completed ideally by the student’s medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation’s *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an *ASCIA Action Plan for Anaphylaxis* should be completed instead. These forms are available from section 4.5 *Student Health* in the Victorian Government School Reference Guide: [www.education.vic.gov.au/referenceguide](http://www.education.vic.gov.au/referenceguide).

**Please only complete those sections in this form which are relevant to the student’s health support needs.**

Name of School: Weeroona College Bendigo

Student’s Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medic-Alert Number (if relevant): \_\_\_\_\_ Review date for this form: \_\_\_\_\_

**Please Note:** wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

### MEDICATION REQUIRED

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. orally/topical/injection)	Dates
				Start Date:
				End Date:
				Ongoing: <input type="checkbox"/>
				Start Date:
				End Date:
				Ongoing: <input type="checkbox"/>
				Start Date:
				End Date:
				Ongoing: <input type="checkbox"/>

### MEDICATION STORAGE

Please indicate if there are specific storage instructions for the medication:


## MEDICATION DELIVERED TO THE SCHOOL

Please ensure that medication delivered to the school:

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

## SELF-MANAGEMENT OF MEDICATION

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 follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

## 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.

### Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on (03) 9637 2670.

### AUTHORISATION

Name of Medical/Health Practitioner:	
Professional Role:	
Signature:	
Date:	
Contact Details:	

### PARENT/CARER OR ADULT/INDEPENDENT STUDENT\*\* AUTHORISATION

Name of Parent/Carer or adult/independent student**:	
Signature:	
Date:	

If additional advice is required, please attach it to this form

**\*\*Please note:** Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (see Victorian Government Schools Reference Guide 4.6.14.5)



# General Medical Advice Form

## for a student with a health condition

This form is to be completed by the student's medical/health practitioner providing a description of the health condition and first aid requirements for a student with a health condition. This form will assist the school in developing a Student Health Support Plan which outlines how the school will support the student's health care needs.

Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MedicAlert Number (if relevant): \_\_\_\_\_ Review date for this form: \_\_\_\_\_

### Description of the Condition

#### Observable signs and symptoms:

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#### Frequency and severity:

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#### Triggers (if applicable):

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#### Possible impact on school-based activities (student's learning, physical activities):

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### First Aid

If the student becomes ill or injured at school, the school will administer first aid and call an ambulance if necessary. If you anticipate the student will require anything other than a standard first aid response, please provide details on the next page, so special arrangement can be negotiated.

Observable sign/reaction	First aid response
<div style="border: 1px solid black; height: 75px;"></div>	<div style="border: 1px solid black; height: 75px;"></div>
<div style="border: 1px solid black; height: 75px;"></div>	<div style="border: 1px solid black; height: 75px;"></div>
<div style="border: 1px solid black; height: 75px;"></div>	<div style="border: 1px solid black; height: 75px;"></div>
<div style="border: 1px solid black; height: 75px;"></div>	<div style="border: 1px solid black; height: 75px;"></div>

**Privacy Statement**

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

<b>Authorisation:</b>
<b>Name of Medical/health practitioner:</b>
Professional Role:
Signature:
Date:
Contact details:
<b>Name of Parent/Carer or adult/independent student **::</b>
Signature:
Date:

If additional advice is required, please attach it to this form

\*\*Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See: [Decision Making Responsibility for Students - School Policy and Advisory Guide](#)).