

**Wantirna College**  
**Medication Administration Consent Form**  
for a student who requires medication whilst at school or on camp

Please only complete those sections in this form which are relevant to the student's health support needs.  
Do not complete for asthma, diabetes or allergy medication if already done as part of existing health support plan  
Students with asthma require a separate Asthma Care Plan for Schools

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

Medication required for the following condition: \_\_\_\_\_

Symptoms if medication 'as required' \_\_\_\_\_

| Medication required:                   |                    |                                     |  |  |
|--|--------------------|-------------------------------------|--|--|
| Name and <u>strength</u> of Medication | Dosage to be given | Time/s to be taken or 'as required' | How is it to be taken?<br>eg: oral/inhaled/topical/eye drops/injection<br>If injected: supervised or with assistance | Dates  |
|  |                    |                                     |  | Start date:<br>End Date:<br><input type="checkbox"/> Ongoing medication<br><input type="checkbox"/> Only as required |
|  |                    |                                     |  | Start date:<br>End Date:<br><input type="checkbox"/> Ongoing medication<br><input type="checkbox"/> Only as required |
|  |                    |                                     |  | Start date:<br>End Date:<br><input type="checkbox"/> Ongoing medication<br><input type="checkbox"/> Only as required |
|  |                    |                                     |  | Start date:<br>End Date:<br><input type="checkbox"/> Ongoing medication<br><input type="checkbox"/> Only as required |

For those students who have medication 'only as required' at school or on camp  
Do you wish to be notified each time this medication has been administered? Y / N

**Medication Storage**

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

**Medication delivered to the school**

Please ensure that medication provided:

- Is in its original package with medication name and expiry date clearly visible
- The pharmacy label (if a prescribed medication) matches the information included in this form.

We request that medication for camp be in a labelled ziplock bag or container with this consent form.  
Only sufficient quantity for camp should be supplied i.e: do not send 100 tablets if only 10 required

Turn over to complete

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### No first dose administration and 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 reaction or behaviour following medication.  
For this reason, and in case of an adverse reaction, school staff do not administer any first dose of medication. This should be done under supervision of the family or health practitioner.

### Self-management of medication (for camps only)

Students in the early years will generally need supervision of their medication and other aspects of health care management. Older students may be able to take responsibility for their own health care.

Self management on camp (if there are no special storage requirements\*), should follow agreement by parents/carers, the school (allocated camp first aider in consultation with health centre staff) and in some instances the student's medical/health practitioner.

Self storage and administration of medication should not create potentially unsafe access to that medication by other students

Camp permission: I give permission for my child to store and self-administer their medication  
I have/have not consulted with our medical/health practitioner  
I agree that the allocated camp first aider may contact me to discuss any concerns about this self-management

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

\* Special storage requirements or a restricted/controlled substance

### Authorisation:

Ideally, this form should be completed by the student's medical/health practitioner;

however the principal may agree that the form can be completed by parents/guardians

Name of Medical/health practitioner:

Professional Role:

Signature:

Date:

Contact details:

#### Name of Parent/Carer

Signature:

Date:

#### 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.