



# DARAMALAN COLLEGE

## MEDICATION ADMINISTRATION AUTHORISATION

This form is used to record the request, by a parent/carer, for the school to administer medication to their child during school hours.

Administration of medication should be undertaken in accordance with the First Aid Policy.

Upon receipt of medication and this form, the First Aid officer will check and confirm with the parent/carer for:

- Student name
- Drug label
- Dosage
- How to be taken – by mouth, applied to skin, before/after food
- Time/s of dosage.

The medication is to be supplied in its original package with manufacturers instructions visible. Prescription medication is to be labelled by the pharmacy.

**This Form is required to be completed annually.**

### Parent/Carer Authorisation

I hereby request the First Aid officer to administer medication to my child at school or during school related activities.

I understand in making this request it is my responsibility to:

- Complete a new Medication Administration Authorisation if the student's dosage of medication changes.
- Where dosage requirements vary from day to day, to provide a letter from the prescribing qualified medical professional advising the school the parent/carer will be responsible for notifying the school of any adjusted doses.
- Collect and dispose of any unused medication that is no longer required to be administered at school.
- Be aware the information provided in this record will be held at Daramalan College and will be made available to relevant school staff, including first aid officers and to medical or paramedical staff in the case of an accident or emergency.

Parent/Carer Name .....

Signature .....

Date .....

Contact Information: Phone .....

Email .....

### Student /Medication Information

Student Name:		Date of Birth:		
Name of Medication	Dosage	Route (Oral or Cream)	Time of Administration	Self-administered (Yes or No)

Any other relevant information: .....