

Section 3 – Parent/Carer Authorisation

Parent/Carer authorisation:

I hereby request that school staff administer medication to my child at school or during school related activities, as specified in Section 4.

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

- Complete a new *Medication Authorisation and Administration Record* if the student's dosage of medication changes (e.g. 20 mg to 30 mg).
- Where dosage requirements vary from day to day (e.g. for insulin, Rivotril), to provide a letter from the prescribing qualified health professional advising the school that the parent/carers 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.

Parent/Carer Name		Phone Number	
Parent/Carer Signature		Date	
Health Professional Signature		Date	

Section 3 – Student Information

Student Name		Date of Birth		Insert student photo here
Name of Medication		Dosage		
Route (e.g. oral, skin, gastrostomy)		Time/s of Administration		

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school 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. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.