MEDICATION ADMINISTRATION CONSENT FORM PRIMARY STUDENTS



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Please select:	Non-Prescription Medication	
	Prescription Medication	

To comply with our School's First Aid policy, please complete this form and return it to the Health Centre at Hume Anglican Grammar.

All medication must be sent to school in its <u>original</u> packaging along with this completed form. All medication must be kept in the Health Centre. Any medication that can possibly be taken before or after school should be administered at home. All new prescription medication must first be administered by the parent to assure the student will not have a negative reaction. If you have any questions, please contact the school Health Centre – 8339 6964.

I, the parent of the named Primary School student give consent for Hume Anglican Grammar to administer the following medication that I have provided for my child, according to the directions provided below. I understand that the First Aid Officer/Teacher(s) will be administering the medication. I will notify the school immediately if there is a change or cancellation of the medication. I have read the procedures outlined on the back of this form and assume responsibilities as required.

Student Name:	Class:		
Name of Medication/s:	Dose:	Time:	
	Dose:	Time:	
Date to commence medication:	_ Date to cease med	ication:	
Reason for the use of medication:			
I, the parent of the above-named Primary School s the back of this form and assume responsibilities as		e procedures outlined on	
Parent Name:			
Parent Signature:	Date:		
Phone (Home) (Mobile)_		_ Work	
Other person(s) to be notified in case of medication	n emergency:		
Name :	Phone:		
Doctor/Practitioner Name:	Phon	Phone:	

MEDICATION CONSENT FORM INFORMATION AND PROCEDURES

- 1. Any medication taken in school must have a parent signed authorisation.
- 2. Any medication to be administered by the School's First Aid Officer(s) or a first aid qualified Teacher must have a parent signed authorisation.
- 3. No medication may be accepted by school personnel without receipt of completed and appropriate medication consent forms.
- **4.** Required information includes: student name, class, medication name, diagnosis, dosage, time to take medication, duration of treatment, discontinuation date.
- **5.** All medication must be in the original packaging and labelled with the student's name by the parent.
- 6. All medication is to be kept in the Health Centre.
- 7. The first dose of any new medication must be given at home.
- **8.** The parent is responsible for submitting a new form to the school each time there is a change in the dosage or in the time at which the medication is to be taken.
- 9. Medication kept in the school will be accessible only to authorised staff.
- 10. Students are not permitted to share their medication with another student.
- 11. Parents may choose to collect any unused portion of the medication at the end of the school year or when the medication expires.
- **12.** Hume Anglican Grammar does not assume responsibility for unauthorised medication taken independently by the student himself or herself.