

MEDICATION ADMINISTRATION CONSENT FORM SECONDARY 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 original packaging along with this completed form. Prescription medication must be kept in the Health Centre. Supplies of non-prescription medication (Panadol, Nurofen, etc..) will need to be stored at a secure location within the school for occasional use by the student throughout the year. 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.

Student Name: _____ Class: _____

Name of Medication/s: _____ Dose: _____ Time: _____
_____ Dose: _____ Time: _____

Date to commence medication: _____ Date to cease medication: _____

Reason for the use of medication: _____

I, the parent of the named Secondary 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 which is stored in a secure location within the school. 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.

Parent Name: _____

Parent Signature: _____ Date: _____

This information tells us that your child is in Secondary School and has your permission to self-administer their own non-prescription medication.

I, the parent of the above-named Secondary School student, give **permission for my child to self-administer** the above medication only when needed. I understand that my child will be administering the medication by themselves. I will notify the school immediately if there is a change or cancellation of the medication or to this agreement. I have read the procedures outlined on the back of this form and assume responsibilities as required.

Parent Name: _____

Parent Signature: _____ Date: _____

Phone (Home) _____ (Mobile) _____ Work _____

Doctor/Practitioner Name: _____ Phone: _____

This section to be completed by Secondary students self-administering their own non-prescription medication.

I, the above named student, acknowledge that I am responsible for self-administering my own non-prescription medication only when needed. I will store the medication properly and not share it with another student.

Student Name: _____

Student Signature: _____

Date: _____

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, sequence if more than one medication is to be taken.
5. Over the counter medication must be in the original packaging and labelled with the student's name by the parent.
6. All prescription 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.