



Medication Authorisation Form

This form is to be completed by the student’s medical/health practitioner for all prescribed medication to be administered while the student is under the College’s duty of care. Parents are encouraged to read the College’s Medication Administration Policy available on the College’s website: https://www.baysidecc.vic.edu.au/

This authorisation is valid from date: |\_|\_|/|\_|\_|/20|\_|\_| (This form is to be completed annually.)

Student’s Name:

Date of Birth: |\_|\_|/|\_|\_|/20|\_|\_|

Year Level:

Please note - wherever possible, medication should be scheduled outside school hours. Please discuss this with your medical/health practitioner.

Table with 5 columns: Name of Medication/s, Dosage (amount), Time/s to be taken, How is it to be taken?, and Dates. Includes rows for medication details and checkboxes for ongoing medication.

Medication Storage

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

My child will be responsible for the safe storage of their medications [ ] Yes [ ] No

If yes, please document where they need to store their medication:



## Medication Authorisation Form

### Medication delivered to School

**Please ensure that medication is delivered to the College in its original package and that the pharmacy label matches the information included in this form.**

### Self-management of medication

Students may need supervision when administering medication and other aspects of health care management in line with their age, stage of development and capabilities. All students at Bayside ELC and Primary School will require supervision.

A student's authorised self-management should be agreed upon by the student and his/her parents/carers, the College and the student's medical/health practitioner.

Please advise if any conditions create difficulties with self-management, for example, difficulty remembering to take medication at a specified time.

Please note: The College does not allow self-administration of Schedule 8 drugs.

My child is capable of self-administering their own medications.

### Disposal of medication

<input type="checkbox"/> We would like expired / unused medications returned	<b>OR</b>	<input type="checkbox"/> We would like the College to safely dispose of any unused/expired medications via the Return Unwanted Medicines Scheme ( <a href="http://www.returnmed.com.au">www.returnmed.com.au</a> )
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### Monitoring effects of medication

Please note: College staff cannot monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following prescribed medication.

### Privacy Statement

The College collects personal information so we 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 College staff and appropriate medical personnel, including those engaged in providing health support and emergency personnel, where appropriate or where authorised or required by law. Please read the [College's Privacy Policy](#) for more information.

Authorisation			
<b>Name of medical practitioner:</b>			
Professional Role:		Contact Number:	
Signature:		Date:	
<b>Name of Parent/Carer:</b>			
Signature:		Date:	

If additional advice is required, please attach it to this form.

Please submit the completed form to [shc@baysidecc.vic.edu.au](mailto:shc@baysidecc.vic.edu.au)