

Medication Management

Medication permission form

Privacy Statement: St Clare's Tully 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 St Clare's Tully and will only be made available to authorised staff of the school 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 2009 (Qld).

Note to schools: Some analgesics (paracetamol/ibuprofen) may meet the exemptions outlined in the Therapeutic Goods (Poisons Standard). Please refer to the Information for parents document for advice.

This form is a record of a parent/carer's request for the school to administer medication to their child.

A separate form is required for additional medications.

Changes in medication and/or dosage will require the completion of a new form.



A. Student/Medication details (Parent/Carer to complete):

Student name				
Date of birth		Year/Class		
Parent/carer name		Phone number		
Prescribing Practitioner & Address				
Medication		Dosage (e.g. 1 tablet)		
		Strength (e.g. 10mg)		
This medication is to manage the following health condition	<input type="checkbox"/> asthma <input type="checkbox"/> anaphylaxis	<input type="checkbox"/> diabetes <input type="checkbox"/> epilepsy	<input type="checkbox"/> cystic fibrosis <input type="checkbox"/> other (describe):	
Method of administration	<input type="checkbox"/> ear drop <input type="checkbox"/> eye drop	<input type="checkbox"/> inhaler <input type="checkbox"/> injection	<input type="checkbox"/> oral <input type="checkbox"/> topical cream <input type="checkbox"/> other (specify):	
Health plan in place	<input type="checkbox"/> Yes <input type="checkbox"/> No	Review date		
This medication is:				
ROUTINE MEDICATION		DETAILS		
<input type="checkbox"/> Short-term Required over a short period of time for the treatment of an acute condition.		Dates required:		
<input type="checkbox"/> Long-term Required over a long period of time for the ongoing management of a specific health condition.		Time(s) to be administered:		
AS-NEEDED MEDICATION		DETAILS		
<input type="checkbox"/> Emergency Response Required as an emergency response for medical conditions in accordance with health plan/action plan.				
<input type="checkbox"/> Non-Emergency Response Required as a non-emergency response to certain symptoms. If the school is not aware of the time that this medication was last administered, the parent/carer will be contacted to provide this information. Note: If				
Has this student previously shown any side effects after taking this medication?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, describe:				
Additional information:				

- I have read and understand the Medication information for parents fact sheet and agree to abide by the terms and conditions within.
- I consent to the medication listed in this form being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to my child during school or school-related activities.
- I understand the medication must be provided in its original, intact packaging with a pharmacy label matching the information included in this form and that any instructions for administration that differ from the pharmacy label (e.g. dosage, times) will require written medical authorisation and a new medication permission form.
- I authorise school staff to contact the prescribing health practitioner or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student.

Parent/carer signature		Date	
NOTE: If you are also requesting approval for your child to self-administer this medication, also complete Section B.			

B. Self-administration details (Parent/Carer to complete):

NOTE: The [Self-administration checklist](#) may be used to provide guidance to schools and parents/carers in determining the authorisation of self-administration of medication. In all cases and at any time, the principal/delegate may disallow student self-administration for health and/or safety reasons.
No student should be solely responsible for self-administering emergency medication, as their symptoms may compromise their ability to do so.
Controlled (Schedule 8) medications cannot be self-administered.

- I confirm that my child is confident and competent to safely administer the right dose of their own medication at the right times.
- I confirm that my child can store their medication securely.
- I authorise school staff to contact the prescribing health practitioner, health team or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication by my child.

Health condition			
<input type="checkbox"/> Asthma - secondary school students only	<input type="checkbox"/> I approve for my child to self-administer their asthma medication. NOTE: The school will need a copy of the student's Asthma Action Plan if it varies from the standard asthma first aid response.		
<input type="checkbox"/> All other	<input type="checkbox"/> I seek approval from the principal/authorised delegate for my child to self-administer their medication according to their current health plan.:		
Parent/carer signature		Date	

C. Authorisation and storage (Principal/authorised delegate to complete):

NOTES: Emergency medications (e.g. Ventolin, EpiPen) must be stored in an unlocked area, so that they are readily accessible in an emergency. Controlled (Schedule 8) medications (e.g. Ritalin) must be stored in a locked location in accordance with the Medicines and Poisons (Medicines) Regulation 2021 (Qld). Refer to the [Medication Management procedure](#) for guidance.
If a primary school parent wishes for their child to self-administer an analgesic, it is recommended that the [Self-administration checklist](#) is completed as well.

The medication listed is (tick all that apply):	If this is emergency response medication, list storage area/s:		
<input type="checkbox"/> To be administered by school staff			
<input type="checkbox"/> Approved for student self-administration			
Principal/authorised delegate signature		Date	