

APPENDIX 1

Student Medication Administration Permission Form

Dear Parents,

Ivanhoe East Primary School encourages parents to keep students' home from school if they are unwell. However, the school acknowledges that some students may become unwell over the course of the day. Within the role of School Nurse there may be occasions when your child presents to sick bay, and it would be recommended they be administered school stored medication. Division 1 Nurse registration and Paramedic registration permits Division 1 Registered Nurses and Registered Paramedics to legally administer medication within the schedule 2 as advised by the Therapeutic Goods Association of Australia and backed by the Australian Federal Government.

In discussion with Ivanhoe East Primary school council a list of medications to be kept in sick bay has been determined. This letter provides the details of these medications, the indication for their administration and recommended dosage. To assist the school nurse in caring for your child the school is requesting you sign against the medications you give permission for the school nurse to administer to your child, should they require it throughout the year.

Any medication NOT receiving signed permission, will not be administered. The student medication Administration Permission Form will be kept in sick bay and referred to by the school nurse prior to the administration of any medication. **This form will need to be completed at the start of each school year.**

The school nurse will also contact you prior to administration of these medications to confirm that your child can be given the appropriate school stored medication.

Please note that at times, medication may be withheld from your child so as not to mask any symptoms of their condition, particularly if they are being referred for further medication assessment for treatment.

Kind regards,

Linsley Booth (Div 2 EN and Registered Paramedic)

Sheree Bollom (RN)

Student Medication Administration Permission Form



Student Name _____

Date of Birth _____

The following medications are stored by the school nurse at Ivanhoe East Primary School.

By signing next to each medication, I am giving permission for the school nurse to administer the drug to my child. I understand that the school nurse will only administer the medication when it is indicated, as shown by my child's presenting conditions signs and symptoms.

Parent/Carers Name _____

Signature _____

Date ____/____/____

This form is valid for 12 months

Brand name	Drug	Recommended Adult Dosage	Indication for administration	Parent Signature
Panadol	Paracetamol 500mg Tablets	1 to 2 tablets 4 hourly Maximum 8 tablets in 24 hours	Pain	
Dymadon	Liquid paracetamol 50mg/ml	4-6 hourly Maximum 4 doses in 24 hours	Pain	
Nurofen	Ibuprofen 200mg tablet	1 to 2 tablets 6 hourly Maximum 6 tablets in 24 hours	Pain	
Nurofen Kids	Ibuprofen Liquid 200mg/5ml	Maximum 3 doses in 24 hours	Pain	
Zyrtec	Cetirizine Hydrochloride 10 mg tablet	1 tablet every 24 hours	Hay fever	
Zyrtec Kids	Cetirizine Hydrochloride Liquid	5ml once daily	Hay Fever	
Claratyne kids	Loratadine 5mg chewable tablet	5mg once daily	Hay fever	
Telfast Kids	Fexofenadine Hydrochloride	5mg twice daily	Hay fever	
Hydrolyte	Sodium Chloride Potassium Citrate Anhydrous Citric Acid Anhydrous Glucose	1 to 2 dispersible tablets in 200ml water	Dehydration	
Bonjela	Choline Salicylate 87mg/g Gel	Apply pea size amount to affect area every 3 hours, maximum 6 times in 24 hours	Mouth ulcers	
Vicks VapoDrops Butter Menthol	7mg Menthol	1 lozenge every 2 hours	Sore throat	

APPENDIX 2

MEDICATION AUTHORITY FORM



FOR STUDENTS REQUIRING MEDICATION TO BE ADMINISTERED AT IVANHOE EAST PRIMARY SCHOOL

- This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner. **For students with asthma** see [Asthma Australia's School Asthma Care Plan](#) and **For students with anaphylaxis**, an [ASCIA Action Plan for Anaphylaxis](#)

Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.

Please note wherever possible, medication should be scheduled outside school hours, eg medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

Student Details

Name of student: _____

Date of Birth: _____

Medic Alert Number (if relevant): _____

Review date for this form: _____

Medication to be administered at school:					
Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (oral, topical, injection)	Dates to be administered	Supervision required
				Start: / / End: / / OR ☐ Ongoing medication	☐ No – student self-managing ☐ Yes ☐ remind ☐ observe ☐ assist ☐ administer
				Start: / / End: / / OR ☐ Ongoing medication	☐ No – student self-managing ☐ Yes ☐ remind ☐ observe ☐ assist ☐ administer

Medication delivered to the school

Please ensure that medication delivered to the school:

- ☐ Is in its original package
- ☐ The pharmacy label matches the information included in this form

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

Supervision required

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner.

Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

Monitoring effects of medication

Please note: School staff **do not** monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Privacy Statement

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) and the law.

Authorisation to administer medication in accordance with this form:

Name of parent/carer: _____

Signature: _____

Date: _____

Name of medical practitioner: _____

Professional role: _____

Signature: _____

Date: _____

Contact details: _____
