St Francis Xavier Medication Authority Form

Template for schools

Melbourne Archdiocese Catholic Schools

St Francis Xavier Catholic Primary School MONTMORENCY

Parents and carers information

When this form is not required

This form is not required for the administration of asthma, anaphylaxis, epilepsy or diabetes medication where it is provided in accordance with the student's current action or management plan. In these cases, please provide the school with a current copy of the relevant plan instead of completing this form.

When this form is required

This form must be completed for all other prescription and non-prescription (e.g. paracetamol, ibuprofen or hay fever medication) medications administered at school. At school includes:

- a campus of the school
- other locations used by the school or through a third-party provider to use including, but not limited to, locations used for camps, approved homestay accommodation, delivery of education and training, sporting events, excursions, competitions and other events).

When this form is reviewed

This form must be reviewed:

- at least annually (e.g. recorded in the PSG meeting minutes), or
- whenever medication requirements change, supported by updated written advice
- following an incident or where changes are required to meet duty of care or legislative obligations
- if medication advice cannot be followed (e.g. due to student non-compliance or unclear guidance)
- prior to off-site activities including excursions, camps and travel, and special events
- prior to programs involving third-party providers (e.g. workplace learning or VET).

Purpose of this form

This form supports the school to understand why medication is needed, how and when it should be administered and how it will be safely stored and any unused medication returned.

Administration of more than one medication

If more than one medication is to be administered at school and is authorised by:

- the same prescribing Australian Health Practitioner Regulation Agency (Ahpra)-registered health practitioner, copy and complete Sections 2, 3 and 4 of this form for each medication
- a different prescribing Ahpra-registered health practitioner, a separate *Medication Authority Form* (MAF) must be completed for each medication.

Careful consideration must be given when multiple medications are used at the same time. This includes ensuring that instructions from prescribing health practitioners are clear, consistent and do not pose a risk of adverse interactions. If there is any uncertainty, seek clarification from the prescribing Ahpra-registered health practitioner(s) or another Ahpra-registered health practitioner before administering.

Consent

By completing this form, you give permission for school staff to:

- administer medication to your child or allow your child to self-administer medication, where approved.
  - if your child will self-administer prescribed medication, you must provide evidence that this decision has been made in consultation with an Ahpra-registered health practitioner
- contact you if there are any questions or concerns about your child's medication
- contact the pharmacist or your child's treating Ahpra-registered health practitioner if clarification is required
- collect, use and store health information to support your child in accordance with the law and the *Student Health Support Policy*
- where approved, allow your child to carry and take their own medication at school.

Administering medication outside of school hours

Parents and carers are encouraged to administer medication outside of school hours wherever possible. For example, medication that must be taken three times a day may be given before school, after school and at bedtime.

Before sending medication to the school

For prescription and non-prescription medication, please ensure that:

- your child has taken this medication before
- medication(s) is supplied in its original packaging – this may be in the form of a Webster-pak®. Speak with your pharmacist or doctor if alternative packaging is required
- medication(s) is clearly labelled with your child's name with clear directions on the dosage of the medication (e.g. pharmacy label)
- medication(s) is not expired.

Prescription medication requirements

The school must confirm that prescription medication has been approved by an Ahpra-registered health practitioner who is authorised to prescribe medication.

The MAF **must be completed** and accompanied by **one** of the following acceptable forms of authorisation:

- a signature on the MAF from the prescribing Ahpra-registered health practitioner
- a signed letter from an Ahpra-registered health practitioner (e.g. a General Practitioner (GP), specialist or hospital discharge letter)
- a prescription or copy of the prescribed medication in its original packaging with a current, original pharmacy label showing the student's full name, directions for use, date of dispensing and the name of the prescribing Ahpra-registered health practitioner
- a completed and signed action plan or management plan from an Ahpra-registered health practitioner.

Self-administration of medication

If your child needs to carry and administer their own medication (prescription or non-prescription) at school, approval from the principal is required. Please contact Jo Nolen to discuss this request.

Students cannot carry or self-administer controlled medications or benzodiazepine medications without supervision.

Controlled medications are labelled "CONTROLLED DRUG" on the original packaging. If you are unsure, speak with your pharmacist or call 1300 MEDICINE (1300 633 424), Monday to Friday, 9.00am – 5.00pm).

Medical emergencies

School staff will seek emergency medical assistance if there are any concerns about your child after medication is administered.

Support with completing this form

If you have questions or need support with completing this form, please contact our school on admin@sfxmontmorency.catholic.edu.au

Privacy of information

The information provided in this form will be collected, used, stored, and disclosed in accordance with the Privacy Policy and *Standard Collection Notice – Student and Parents*, and will be handled in a manner that protects the student's privacy, confidentiality and wellbeing.

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Student details	
Name	Click or tap here to enter text.
Date of birth	Click or tap to enter a date.
Year level	Click or tap here to enter text.
Date of Medical Advice Template (if relevant)	Click or tap to enter a date.
MedicAlert Number (if applicable)	Click or tap here to enter text.
Date form completed	Click or tap to enter a date.

Details of medication to be administered in the school environment				
Name of medication	Click or tap here to enter medication name.			
What is this medication used for?	Click or tap here and describe why your child is taking this medication.			
Commencement date	Click or tap to enter a date.	**End date**	Click or tap to enter a date.	☐ Ongoing use ☐ Short term use
Medication type	☐ Prescribed ☐ Non-prescribed ☐ Controlled			
How does the medication need to be stored?	Click or tap here to enter a description; e.g. in the fridge, student approved by principal or delegate to carry their own, where required, include specific arrangements for appropriate storage whilst on camps or excursions.			
Who will collect unused medication?	Click or tap here to enter the name of the person who will collect the unused medication from the school staff each term.			
Does the student need to access this medication in an emergency?	☐ Yes ☐ No Add details (if required) Click or tap here to enter text.			

Administration supervision requirements (check all that apply)	
☐ Staff need to administer to student ☐ Student is authorised to carry and self-administer ☐ Student is authorised to self-administer but not to carry	☐ Staff need to supervise the student when self-administering ☐ Student needs reminding when to present for medication administration ☐ Student needs to be reminded to self-administer
Does the student need to be supervised pre- and post-administration?	☐ No ☐ Yes – provide details: Click or tap here to enter text.

Administration details	
How much to give (dosage)	Click or tap here to enter dosage; e.g. number of tablets; sachets; mL liquid.
When to give (time and frequency)	Click or tap here to enter text; e,g, time of day; recess; lunch; midday; as needed.
Method of administration	Click or tap here to enter text; e.g. orally, left/right ear/eye; injected.
How will the medication be administered?	Click or tap here to enter a description; e.g. mix in mL water; more supervision instructions; student is learning to….
Are there specific training requirements to administer the medication?	Click or tap here to enter text any specific training requirements to administer medication.
Are there any access issues that need to be considered?	Click or tap here to enter text outlining any adjustments that need to be considered to enable a student to access the facilities required.

Authorisation to administer medication at school (parents and carers to tick)

- ☐ I consent for this medication to be administered to my child at school, as per the instructions above.
- ☐ I authorise the school to contact the prescriber on the pharmacy label or this form to check how to safely administer this medicine.
- ☐ I confirm that my child has had this medicine before.
- ☐ I understand that the school collects this information to plan for and support the health support needs of my child and this information will be handled in accordance with the Privacy Policy and *Standard Collection Notice – Student and Parents*.

Parent or carer authorisation or mature minor*:		
Name of parent or carer or mature minor:	Click or tap here to enter text.	
Contact number:		
Parent/carer or mature minor signature:	X Parent or Carer	**Date signed** Click or tap to enter a date.

**Mature minor is a student who is determined by the principal to be a mature minor and who is capable of making their own decisions on a range of issues before the age of 18 years.*

Prescribing Ahpra-registered health practitioner authorisation:			
Practitioner's name:	Click or tap here to enter text.		
Ahpra (or equivalent) registration no.	Click or tap here to enter text.	**Contact number:**	Click or tap here to enter text.
Practitioner's practice name:	Click or tap here to enter text.		

Authorisation to administer medication at school (parents and carers to tick)

Practitioner's signature:	X Ahpra-registered Health Practitioner	**Date signed** Click or tap to enter a date.

OR, authorisation has been provided in accompanying documentation the form of:

- ☐ a signed letter from an Ahpra-registered health practitioner (e.g. a GP, specialist, hospital discharge letter)
- ☐ a prescription or copy of the prescribed medication in its original packaging with a current, original pharmacy label showing the student's full name, directions for use, date of dispensing and the name of the prescribing Ahpra-registered health practitioner
- ☐ a completed and signed action or management plan from an Ahpra-registered health practitioner.

For school use only:

Evidence of authorisation	☐ this MAF is signed by an Ahpra-registered health practitioner above ☐ a signed letter from an Ahpra-registered health practitioner is attached ☐ a prescription or copy of the prescribed medication in its original packaging with a current pharmacy label showing the student's full name, directions for use, date of dispensing and the name of the prescribing Ahpra-registered health practitioner is attached ☐ a completed and signed action or management plan from an Ahpra-registered health practitioner is attached.		
Administration approvals	☐ Staff need to administer to student and access has been considered ☐ Specific training requirements needed ☐ Student is approved to carry and self-administer ☐ Student is approved to self-administer but not carry		
Endorsed by principal	X Principal		
Contact number	Click to enter text.	**Date signed**	Click to enter a date.
MAF review date	Click to enter a date.	**Staff member**	Click to enter text.

Is an Interpreter required for meetings with parents and carers? ☐ Yes ☐ No Add details (if required) Click to enter text.	**Has cultural safety and/or cultural support been considered and offered (if relevant)?** ☐ Yes ☐ No Add details (if required) Click to enter text.