



Norris Road State School

28 Greenore Street, Bracken Ridge, Qld 4017

Email: admin@norrroadss.eq.edu.au

Ph. 32610777

Fax. 32610700

Student Name: _____

Date of Birth / /

Allergies: _____

Year Level: _____

Please list medications that your child requires during school hours.

Name of Medication	Strength (e.g. 10 mb)	Dosage (e.g. 1 Tablet)	Route (e.g. Oral / Inhale)	Time/s to be given at school	Other useful instructions or information (e.g. side effects)

Parent/Carer (Print Name): _____

Signature: _____ Date: / /

I hereby request that school staff administer the necessary medication to my child while at school. I agree to notify the school, in writing, if there are any changes to the above medication.

Authorising Practitioner

(Print Name): _____

Phone: _____

Self administered medication, such as Asthma Puffers and Epipens, requires special approval from the Principal under the following conditions:

- . Consultation has occurred with the parent and student/s regarding arrangements for the self-administration of medications and self-management of health conditions and the risks associated with self-administration in a school setting.
- . The student is responsible enough to undertake self-administration of medication at school.
- . Students approved to carry their own medication should demonstrate practices of secure storage of medication that may potentially be harmful to other students and safe disposal of sharps equipment.

Principal Signature: _____ If self administered where will medication be kept:

Note:

For **school staff** to administer over-the-counter medication, **authorisation is required** from the medical practitioner. The following points are for security and safety procedures and are requirements of the *Health (Drug and Poisons) Regulation 1996 (Qld)*.

- The parent notifies the school in writing to administer medication. This may include written guidelines from the prescribing health practitioner, including potential side effects or adverse reactions.
- Provide medication in **original pharmacy labelled container** to the school.
- Ensure medication is not out of date and has an original pharmacy label with the student's name, dosage and time/s to be taken.
- Notify the school in writing when a change of dosage is required. This instruction is to be accompanied by a letter from a prescribing health practitioner or change of label from a pharmacist.
- The student has received a dose at home without ill effect.
- Advise the school in writing and collect the medication when it is no longer required at school.
- Where parents are working with a prescribing health practitioner to determine a dose for that day (e.g. insulin, Rivotril) parents will provide a letter from the prescribing health practitioner instructing that parents will be responsible for notifying the school of the adjusted dose.
- This form will be reviewed annually or as the student is prescribed a change in medication.

The Queensland Government has established a set of procedures for the collection, use and disclosure of personal information within the Queensland public sector, based on the information Privacy Principles. The Information Privacy Principles are incorporated into the Queensland Government's Information Standard 42: Information Privacy.