

For students requiring medication to be administered at school, camps and/or on excursions.

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.

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.

Medical Action Plans are available online as follows:

- For students with asthma, [Asthma Australia's School Asthma Care Plan](#)
- For students with anaphylaxis, [ASCIA Action Plan for Anaphylaxis](#), [ASCIA Action Plan for Anaphylaxis \(RED\)](#)
- For students with allergies: [ASCIA Action Plan for Allergic Reactions \(GREEN\)](#)

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

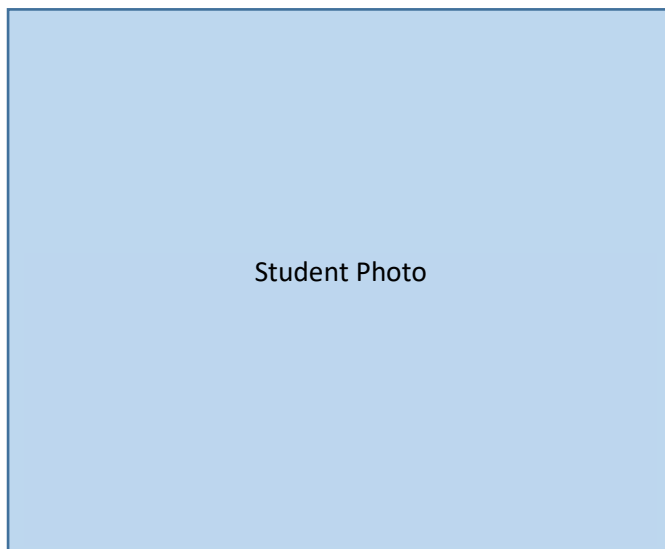
Name of school: SOMERVILLE SECONDARY COLLEGE

Name of student: _____ Date of Birth: _____

MedicAlert Number (if relevant): _____

Review date for this form: _____

Photo of student attached:



Medication to be administered at school:

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg oral/topical/injection)	Dates to be administered	Supervision required
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing. <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing. <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

Medication delivered to the school

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

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, or if the original packaging is not available, a photocopy image of pharmacist label.

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):

Somerville Secondary College Process:

1. Student arrives at counter at agreed time- before school/ recess/ lunchtime/ end of day.
2. Student asked to identify themselves and cross checks with the photo.
3. 2 staff members are present when the medication is to be given to cross check student identity and the medication dose.
4. Student given medication.
5. Log completed and signed by 2 staff members.

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/health practitioner: _____

Professional role: _____

Contact details: _____

Signature: _____

Date: _____

PRESCRIPTION MEDICATION	NON-PRESCRIPTION MEDICATION
<ul style="list-style-type: none"> • Doctor's authority required. • Medication presented to the college should be in original packaging with pharmacist label or if original packaging not available, a photocopy image of pharmacist label. 	<ul style="list-style-type: none"> • Medical authority preferred, however parent Authorisation is acceptable for "off-the-shelf" and/or non-prescription medications. • Medication presented to college must include written, clear instructions or a label, outlining medication dosage/instructions and child's name, date of birth.