

First Aid Policy



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Appendix A:

CONFIDENTIAL

Temporary Medication Authority Form

for a student who requires medication temporarily whilst at school

This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead. These forms are available from the Australasian Society of Clinical Immunology and Allergy (ASCIA): <http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment>.

Please only complete those sections in this form which are relevant to the student's health support needs.

Student's Name: _____ Date of Birth: _____

Medical Condition: _____

Symptoms: _____

Medic Alert Number (if relevant): _____ Review date: _____

Please Note: wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

Medication required:				
Name of Medication/s	Dosage (amount)	Time/s to be taken	Specific Storage Requirements	Dates
				Start date: / / End Date: / / <input type="checkbox"/> Temporary medication
				Start date: / / End Date: / / <input type="checkbox"/> Temporary medication
NOTES				

Privacy Statement
The school collects personal information to plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit.

Authorisation:

Name of Medical/health practitioner:

Professional Role:

Signature:
Date:

Contact details:

Name of Parent/Carer or adult:

Signature:
Date:

If additional advice is required, please attach it to this form