

## MEDICATION ADMINISTRATION POLICY

### **Help for non-English speakers**

If you need help to understand the information in this policy, please contact Keysborough Secondary College.  
Phone 03 9798 1877 – Acacia Campus or 03 9546 4144 – Banksia Campus or email at:  
[keysborough.sc@education.vic.gov.au](mailto:keysborough.sc@education.vic.gov.au).



allow use of medication by anyone other than the prescribed student except in a life-threatening emergency, for example if a student is having an asthma attack and their own puffer is not readily available.

**Medication error**

If a student takes medication incorrectly, staff will endeavour to:

Step	Action
1.	If required, follow first aid procedures outlined in the student's Health Support Plan or other medical management plan.
2.	Ring the Poisons Information Line, <b>13 11 26</b> and give details of the incident and the student.
3.	Act immediately upon their advice, such as calling Triple Zero

**APPENDIX 1**

**MEDICATION AUTHORITY FORM**

**For students requiring medication to be administered at Keysborough Secondary College**

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: \_\_\_\_\_

MedicAlert Number (if relevant): \_\_\_\_\_

Review date for this form: \_\_\_\_\_

Year Level of Student: \_\_\_\_\_

Keysborough College Campus: \_\_\_\_\_

Medication to be administered at school:					Supervision required
Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? a. Oral b. Topical c. Injection	Dates to be administered	

Start: / /  
End: / /

OR

The pharmacy label matches the information included in this form

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

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**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):

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**Monitoring effects of medication**

Please note: School staff 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: \_\_\_\_\_

Medical practitioner Prature: \_\_\_\_\_