

Administration of Medication - Routine/long-term

Privacy Statement

MOB Academy is collecting this personal information for the purpose of enabling school staff to administer the necessary medication to your child while at school or during school related activities. This information will only be accessed by authorised school staff. In accordance with section 426 of the Education (General Provisions) Act 2006 (regarding student's personal information and the Information Privacy Act 2009 (parent/carer's personal information) this information will not be disclosed to any other person or body unless you have given MOB Academy permission or if MOB Academy is required or authorised by law to disclose the information.

This form is a record of a parent/guardian's request for the school to administer a single routine or long-term medication to their child. It is also designed to record the administration of medication to a student by school staff. For students who require more than one medication, a separate form will need to be completed for each additional medication. This form has space to record two doses of medication per day. More rows may be added if more than two doses are required per day. Where dosage requirements vary from day to day (e.g. for insulin), a letter is required from the prescribing health practitioner to advise the school that the parent/guardian will be responsible for notifying the school of any adjusted doses.

Note: If the student's dosage of medication changes (e.g. 20mg to 30mg), complete a new *Administration of Medication at School - Routine/long-term*.

Procedure:

1. **Right Person** – Check the identify of the student
2. **Right Drug** – Ensure there is no confusion over the trade and generic name of the medication
Check the drug when it is taken from storage, before it is handed to the student
Check the expiry date of the drug and that it is in its original packaging
3. **Right Done** – Check the medication instructions and the documentation
4. **Right Time** – Check the medication instructions and the documentation
5. **Right Route** – Check the medication instructions and the documentation for information prior to administering it e.g. taken with food
6. **Final Step** – Complete Administration of Medication at School – Routine/long-time
Initial the appropriate box in Section 2
Record the appropriate code from the Key in Section 2
Return medication to its secure location

Administration of Medication - Routine/long-term Record

Section 1 – Details of medication to be administered by school staff (Parent/Carer to Complete)																																
Student Name:																	Date of Birth:															
Parent/Guardian Name:																	Contact Number:															
<i>I hereby request that school staff administer the following medication to my child at school or during school related activities as specified in this section.</i>																																
Name of medication							Dosage (e.g. 1 tablet)				Strength (e.g. 10mg)				Route (e.g. oral)				Time to be administered at school													
Additional information:																																
Parent/Guardian signature:																	Date::															
Section 2 – Record of administration of a single medication at school on a daily basis.																																
KEY: A – Student absent; S – Self administration; P – Parent/guardian administered medication; X – School closed; O – Off campus; N/S – No supply of medication - contact parent/guardian ; R – Student refused – contact parent/guardian																																
Month	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jan																																
Feb																																
Mar																																
Apr																																
May																																
Jun																																

Administration of Medication at School (routine/long-term) Record

Section 1 – Details of medication to be administered by school staff (Parent/Carer to Complete)																																
Student Name:																	Date of Birth:															
Parent/Guardian Name:																	Contact Number:															
<i>I hereby request that school staff administer the following medication to my child at school or during school related activities as specified in this section.</i>																																
Name of medication							Dosage (e.g. 1 tablet)				Strength (e.g. 10mg)				Route (e.g. oral)				Time to be administered at school													
Additional information:																																
Parent/Guardian signature:																	Date::															
Section 2 – Record of administration of a single medication at school on a daily basis.																																
KEY: A – Student absent; S – Self administration; P – Parent/guardian administered medication; X – School closed; O – Off campus; N/S – No supply of medication - contact parent/guardian ; R – Student refused – contact parent/guardian																																
Month	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Jul																																
Aug																																
Sep																																
Oct																																
Nov																																
Dec																																