

Interim 24 Hour Parental Authorised Medication

For education,
childcare and community support services

PARENT AUTHORISED MEDICATION WILL ONLY BE ADMINISTERED FOR A MAXIMUM OF 24 HOURS (WITHIN A 4 WEEK PERIOD) WITHOUT MEDICAL PRACTITIONER AUTHORITY

CONFIDENTIAL

To be completed by the PARENT/GUARDIAN and/or ADULT STUDENT

This information is confidential and will be available only to supervising staff and emergency medical personnel

Interim 24 hour medication authorisation from parent/guardian: A parent/guardian can provide written authorisation for medications to be administered in schools/childcare for a **maximum of 24 hours**. **This authority can be used where it is not possible to get an appointment with the treating health practitioner within this timeframe.** This authority can be used for prescription and non-prescription medications which meet DECD policy (ie provided in original pharmacy labelled container for a specific child/student)

This authority **cannot be used for commencement of a new medication that the child/student has not previously taken**. If used for non-prescription medication, staff will only administer against recommended doses on the original packaging. **This authority should not be accepted for medication to be given during a planned event (eg excursion/overnight trip etc) where parents/guardians should get a Medication Authority signed by the child/student's treating health practitioner.**

Name of child/student _____ Date of Birth _____

MEDICATION INSTRUCTIONS <i>(please print clearly)</i>	TIME <i>Tick administration time(s)</i>
Medication name (<i>Generic name on original packaging – not brand name</i>)	<input type="checkbox"/> 8.30 – 10.00am
Form (<i>e.g. liquid, tablet, capsule, cream</i>)	<input type="checkbox"/> 10.30 – 12 noon
Route (<i>e.g. oral, inhaled, skin</i>)	<input type="checkbox"/> 12.30 – 1.00pm
Strength (<i>included on original packaging</i>)	<input type="checkbox"/> 1.30 – 3.15pm
Dose (<i>as advised on pharmacy label or recommended on packaging</i>)	<input type="checkbox"/> Other (<i>please specify</i>)
Other instructions - if to be given for specific signs/symptoms – state clearly	
Any difficulties with administration (eg coordinating a puffer and spacer)	

Parent / guardian / adult student:

I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to supervising staff and emergency medical personnel.

Family name (please print) _____ First name (please print) _____ Signature _____ Date _____

School / Childcare authorised staff person:

Start Date: _____ Finish Date (48 hrs only): _____

Family name (please print) _____ First name (please print) _____ Signature _____ Date _____