

# FORM C: Request for Student to self-administer Medication

**If placed on school letter head all requirements must be retained**

## Parent/Legal Guardian Information

*Please read this information carefully prior to completing the form.*

We understand that self-management of health conditions encourages children and teens to build independence, recognise the signs/symptoms of their health condition, and administer their own medication, when required.

Self-administration of medication must be approved by the Principal prior to your child bringing any medication to school, or school based activities for self-administration. The *Request for Student to self-administer Medication* form must be completed by a parent/guardian for self-administration of medication, prior to considering approval for your child to self-administer at school or attending school-based activities. *Controlled drugs will not be approved for self-administration.*

The Principal and/or their delegate has the right to request additional medical advice to assist in determining the suitability of the student or medication for self-administration.

All students must comply with the school code of conduct. The use or possession of any medication by students, who are not approved for self-administration, is considered a breach of the BCE Alcohol and Drug Policy.

Student Details			
<b>Student Name:</b>		<b>Date of Birth:</b>	
<b>Address:</b>			
	Medication 1	Medication 2 (write NA if unapplicable)	Medication 3 (write NA if unapplicable)
<b>Name of medicine:</b>			
<b>Strength:</b>			
<b>Dose:</b>			
<b>Maximum quantity to be carried at school</b>			
<b>Additional information</b>	Is the medication required to be altered prior to administration? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(i.e. crushing tablets, opening capsules, mixing with a liquid)</i>		
	Does the medication need to be accessible to school staff in an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Does the medication require specific storage to maintain integrity? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(i.e. within a temperature range, refrigerated)</i>		
<b>Reason/s for medication:</b>			

## Student Declaration

- I am confident to carry and self-administer the medication(s) as listed above.
- I agree to keep my medication(s) in a safe place and I will not provide access to other students.
- I understand what medication I am taking and the reason for the medication.
- I can recognise early symptoms (indicators) to self-administer appropriately ('as needed' medication only).
- I agree to comply with the dosage instructions as detailed on the medicine label.
- I agree to dispose of any medication or medication administration equipment safely (if required).
- I will notify a teacher (or school staff) immediately if I need to take more than one dose of medication in a 24-hour period.

**Student Signature:**

**Date:**

# FORM C: Request for Student to self-administer Medication



If placed on school letter head all requirements must be retained

## Parent/Legal Guardian Details

Parent/Legal guardian Name:

Address:

## Parent/Legal Guardian Declaration

I confirm that my child: \_\_\_\_\_

(select all that apply)

- has previously carried their own medication and self-administered.
- has been instructed in the procedure of self-administration.
- can assume responsibility to carry and self-administer the medication(s) listed above safely and securely.
- knows what medication they are taking and the reasons for taking the medication.
- can recognise early symptoms (indicators) to self-administer appropriately ('as needed' medication only).

I understand that I am responsible for ensuring that:

- my child only carries the quantity of medication approved by the principal.
- the medication is in date (not expired), in the original pharmacy container with a pharmacy label that includes name, dose and administration instructions.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Principal Approval

I confirm that (name of student): \_\_\_\_\_ is / is not capable of assuming the responsibility of carrying and self-administering the above listed medication(s).

- All associated risks have been considered when making this determination.

Where the child or young person is approved to carry and/or self-administer supervising staff are:

- aware this student is carrying their own medication.
- aware this student can self-administer their own medication.
- aware of the location of the medication (if required in an emergency).

Principal Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal Name:

## Decision/Risk notes

--