MENTAGE PRIMARY SCHOOL

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for a student who requires medication 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 section 4.5 Student Health in the Victorian Government School Reference Guide: www.education.vic.gov.au/referenceguide. Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School:				
Student's Name:		Date of Birth:		
MedicAlert Number (if relevant):		Review date for this form:		
Please Note: wherever possible, generally not	medication sho required during	uld be scheduled outside ti ga school day: it can be tal	he school hours, e.g. medic ken before and after schoo	cation required three times a day is ol and before bed.
Medication required:				
Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/ topical/injection)	Dates
			(topical/injection)	Start date: / / End Date: / / D Ongoing medication
				Start date: / / End Date: / / a Ongoing medication
				Start date: / / End Date: / / D Ongoing medication
				Start date: / / End Date: / /
Medication Storage Please indicate if there are specific	storage Instruction	ns for the medication:		o Ongoing medication
Medication delivered to the Please ensure that medication delivered.		ı:		
Is in its original package The pharmacy label matches the	o invariantian in	hadad Santila Garage		•
☐ · The pharmacy label matches th	e information inc	luded in this form.		

Self-management of medication
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 follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.
Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:

Monitoring effects of Medication

Please note: School staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Privacy Statement

The school collects personal information so as the school can 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 on 96372670.

<u>Authorisation:</u>
Name of Medical/health practitioner:
Professional Role:
Signature:
Date:
Contact details:
Name of Parent/Carer or adult/independent student**:
Signature:
Date:

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

**Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).