

Mount Waverley Secondary College

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Senior Campus: Lechte Road, Mount Waverley
Junior Campus: 145 Stephenson's Road, Mount Waverley

T 9803 6811 F 9887 9308
T 9887 9290 F 9887 9231

Medication Authority Form

I give permission for the following medication (one medication per form) to be administered to my child as outlined below. I will notify the College in writing if the order changes.

Student's name: _____

Student's MWSC ID Code: _____

Home Group: _____

Medication: _____

Dose: _____

Route (*oral, topical, eye drops*): _____

Time (*e.g. lunch time, 4 hourly*): _____

Cease medication on (*if applicable*): _____

Doctor's name and phone number: _____
(*if applicable*)

Medication Administration Permission Expiry Date: _____
(*Note: A referral has a maximum duration of 1 year – most have only 6 months*)

Please provide medications in the original packaging with the pharmacy label clearly visible showing the name of the student, dosage, time to be administered and expiry date. It is the responsibility of parents/carers to ensure medication is updated.

Please feel free to contact any of the College Nurses if you have any concerns.

Parent/carer's signature: _____ **Dated:** _____

Parent/carer's contact numbers: _____

Mr Paul Graham
Manager of Student Wellbeing

Note: This form is valid for the current school year only.

RECORD OF ADMINISTRATION (STAFF USE ONLY)

Student's Name:.....	Student Code:.....	Date of Birth:
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- Please complete this form when administering medications

RECORD OF TIME GIVEN (For School Use Only)											
Date	Time	Medication	Reason (symptoms, or scheduled)	Dose	Tick when checked				Number of tablets/capsules remaining (must be completed for Schedule 8 medications)	Staff member administering (print name and initial)	Staff member checking* (print name and initial)
					Correct Child	Correct Medication	Correct Dose	Correct Route (eg. oral, topical, inhaled)			
EXAMPLE			e.g.: Headache, or scheduled medication	2 tablets, 50mgs	√	√	√	√	e.g. 18	Eliza Dolittle DEJ	Must be done if prescription medication, Schedule 8 medication

*Cross-checking: It is recognised that in many school settings medication is administered using a system of two staff members checking that medication is correctly administered. This is an appropriate added safety measure and is seen as good practice.