Administration of medications in Queensland state schools: Information for parents/carers and health practitioners

This information sheet provides advice for parents/carers and their child's health practitioner/s regarding the documentation required for Queensland state schools to safely administer medication to students while they are at school or school-related activities.

All medications you provide for the school to administer to your child must be prescribed by a qualified health professional who is authorised to prescribe medications under the *Medicines and Poisons Act 2019* e.g. doctor, dentist, optometrist. State schools refer to these professionals as 'prescribing health practitioners' (practitioners).

A blank *Medication order to administer 'as-needed' medication at school* is provided on the last page.

For further information, refer to the Administration of medications in schools procedure and the Managing student's health support needs at school procedure.

Information for parents/carers

1. For all medications

For any medication to be administered to a student during school hours and/or during school-related events, provide the school with:

- a completed Consent to administer medication form.
- the medication (in its original container, with intact packaging) with a completed current pharmacy label (that indicates that it is prescribed medication), and/or
- other written medical authorisation signed by the prescribing health practitioner, including:
  - a signed letter, or other signed written instructions
  - a Medication order to administer 'as-needed' medication at school
  - a completed and signed health plan

2. Where no additional information is required from your practitioner

If your child requires medication at a routine time (e.g. 11am every day), the pharmacy label attached to the medication provides the school with the instructions from the doctor/dentist needed to safely administer the medication. Examples of routine medication include Ritalin, antibiotics, eye/ear drops, enzyme tablets and ointments.

No other written information from the prescribing health practitioner is required.

3. Where you will need additional written information from your practitioner

As well as using the pharmacy label instructions, the school will need additional written information from the prescribing health practitioner if your child:

a. **requires medication as an emergency response**. Depending on your child's health condition, your doctor will need to complete:
   - an Asthma Action Plan and/or
   - an Anaphylaxis Action Plan and/or
   - written instructions if your child has more complex health needs.

b. **requires insulin.** Your doctor will need to complete a medication order for insulin.

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c. **requires medication 'as-needed' (but not as an emergency response)**. Your health practitioner will need to complete a *Medication order to administer 'as-needed' medication at school* (see page 3).

d. **has their dosage changed from that on the pharmacy label**. Your health practitioner will need to write a letter for the school explaining the changes. To assist the school in safely administering the medication to your child, you are encouraged to have your pharmacist update the pharmacy label attached to the medication with the new dosage as soon as possible.

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Information for prescribing health practitioners

Queensland state schools administer medications authorised by a qualified health practitioner (registered with the Australian Health Practitioner Regulation Agency) to support students' health needs if it is deemed that the administration of this medication is essential during school hours or school-related activities.

No further information or medical authorisation is required by the school where prescription medications are to be administered at a routine time during the day, have been dispensed by a pharmacist, and there is sufficient information on the pharmacy label to enable safe administration.

However, if you are prescribing medication as described below, please complete the relevant documentation and provide it to the parent/carer (or to the student if they are 18 years of age or older).

1. Emergency medication

Where medication is to be taken as an emergency response for asthma or anaphylaxis, please complete:

- an Asthma Action Plan and/or
- an ASCIA Anaphylaxis Action Plan.

2. Insulin

Due to the complexity of diabetes management, the school will require:

- a medication order for insulin (which provides medical authorisation) and
- a diabetes management plan developed by yourself and/or the diabetes treating team.

3. As-needed medication

Where medication is to be taken as needed in response to a student's symptoms (e.g. toothache, migraine), the school requires clear instructions to enable non-medically trained school staff to safely administer the medication.

The school will require:

- specific written instructions e.g. where school staff are required to administer medication as part of a health procedure (e.g. administration of medication through a gastrostomy tube) or
- a completed *Medication order to administer as-needed medication at school* (see page 3).

If you make subsequent changes to the student's medication dosage, or if instructions change from that described in a *Medication order to administer 'as-needed' medication at school* you have completed, please:

- update this medication order, initial and date the changes (if they are minor) or
- complete a new medication order.

4. Over-riding pharmacy label instructions

Where a student has been prescribed medication, but the medication dosage requirements change from that printed on the pharmacy label (e.g. from 1 tablet of Ritalin to ½ tablet of Ritalin), the school needs additional written information that includes all of the following:

- the name of the student
- the name of the medication
- the dosage change and the date the change is to be implemented from
- the prescribing health practitioner's signature and date, and
- attached evidence of the medical practice i.e. on a letterhead or stamp/sticker.

Please encourage the parent/carer to have their pharmacist update the pharmacy label attached to the medication with the new dosage as soon as possible.

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Privacy Statement
The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the student listed below while at school or during school-related activities. This information will only be accessed by authorised departmental employees. 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 DoE permission or DoE is required or authorised by law to disclose the information.

Medication order to administer 'as-needed' medication at school

The following information will be used by Queensland state school staff to support the administration of 'as-needed' medication to the student named below at school or during school-related activities (e.g. camps, excursions).

Prescribing health practitioner to complete all sections below:			
Student name		**Date of birth**	
Medication		**Dosage and route**	
This medication is to be administered as: *(please select one or both)* ☐ an emergency response ☐ a non-emergency response			
Administer the medication when these signs and symptoms occur:			
The maximum number of dosages allowed over a 24-hour period are:			
The minimum length of time allowed between dosages is:			
The expected response the student would have after having this medication administered is: If there is no response in approximately ____ minutes, take the following action [e.g. call ambulance]: ***Please note:*** *The school will notify the parent/carer if the student displays any suspected side effects following administration.*			
Please indicate if additional information is attached (if required): YES ☐ NO ☐			

Name of prescribing health practitioner:	Medical practice stamp/sticker:
Signature of prescribing health practitioner:	
Date:	
Review date of this medication order:	

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Consent to administer medication

PLEASE NOTE:

For medication to be administered at school or during school-related activities, there must be medical authorisation for the student to have that medication, and the medication must be in its original container with intact packaging.

Examples of medical authorisation include:

- a pharmacy label with both the student's and doctor's name on it;
- a signed letter from a doctor;
- a medication order from a dentist;
- an Action Plan signed by a doctor or nurse practitioner.

See below for examples of health conditions, medications and associated documentation:

Health condition/ reason for medication	**Example of medication**	**Documentation completed by doctor or other prescribing health practitioner**
Asthma	Asthma puffer	*Asthma action plan*
Anaphylaxis	EpiPen	ASCIA *Anaphylaxis Action Plan*
Diabetes	Insulin injection, insulin pump	Department of Education *Medication order to administer 'as-needed' medication at school* or medication order or other written instructions from prescribing health practitioner and *diabetes management plan*
Other types of emergency medication e.g. for seizures	Midazolam	Department of Education *Medication order to administer 'as-needed' medication at school*
Medication required 'as needed' for minor or non-emergency symptoms	Ointment for skin allergies, antihistamines	Department of Education *Medication order to administer 'as-needed' medication at school*
Changes to dosage (e.g. from ½ to 1 tablet)	Ritalin	Written instructions from prescribing health practitioner (e.g. doctor)

1. To request that the school administer medication to a student

1) Complete Section A (page 2).
2) Provide the school with the medication in the original container with intact packaging.
3) Provide the written medical authorisation (e.g. completed pharmacy label, medication order, action plan) completed and signed by the prescribing health practitioner.
4) Make an appointment with the principal/delegate if:
   - the student requires medication as an emergency response;
   - you would like the student to self-administer their medication;
   - the student has complex health support needs or requires other support strategies; or
   - you have any concerns about the student's health which may affect their schooling.

2. To request a student self-administer their medication

1) Complete Section A (page 2) and Section B (page 3).

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Consent to administer medication

Privacy Statement
The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the nominated student, or to support a student to self-administer their medication while at school or during school-related activities. This information will only be accessed by authorised departmental employees. 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 DoE has been given permission or is required or authorised by law to disclose the information.

Section A: *Complete the details below:*

NOTE: This form only collects information for one (1) medication. If more than one medication is required, please complete a separate form for each medication.

Student name		**Date of birth**	
Parent/carer name		**Phone number**	

- I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities.
- I authorise school staff to contact the prescribing health practitioner or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student.

Name of medication	

I confirm that the medication provided to the school (as listed above):

☐ is medically authorised *(e.g. has been prescribed by a doctor, dentist, optometrist or nurse practitioner)*
☐ is in the original dispensed container with intact packaging
☐ has the student's and doctor's names on the pharmacy label *(if there is no other written evidence of medical authorisation)*
☐ is current/in-date *(*The expiry date of the medication is _ _ / _ _ / _ _ _ _*).*

The medication is required:		If **Yes** to any questions, complete the following:
(a) routinely (e.g. 11am every day)	☐ **No** ☐ **Yes⇨**	Administer at _ _: _ _ am/pm on the following days: *(circle the day/s required)* Monday Tuesday Wednesday Thursday Friday
(b) for a short time only (e.g. only for 2 weeks)	☐ **No** ☐ **Yes⇨**	Start date: _ _ /_ _ / _ _ _ _ End date: _ _ /_ _ / _ _ _ _
(c) to manage a health condition by following a current action plan or health plan	☐ **No** ☐ **Yes⇨**	Is the medication for: ☐ asthma ☐ anaphylaxis ☐ diabetes ☐ epilepsy ☐ cystic fibrosis ☐ other *(describe)*
(d) 'as needed' to treat minor or non-emergency symptoms	☐ **No** ☐ **Yes⇨**	☐ I understand that before the school administers this medication, if they are not aware of when this medication was most recently given to this student, I will be contacted to provide this information.

Has this student previously shown any side effects after taking this medication?	**Yes** ☐ **No** ☐
If **Yes**, describe: _____	

Parent/carer/student signature		**Date**	

If the student is to self-administer this medication, also complete **Section B**
NOTE: Controlled drugs cannot be self-administered.

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Section B*: Details for student self-administration of medication:*			
In all cases and at any time, the principal/delegate may disallow student self-administration for health and/or safety reasons.			
Student name		**Date of birth**	

- I confirm that the student is confident, competent and can safely administer the right dose of their own medication at the right times.
- I confirm that the student can store their medication securely.
- I authorise school staff to contact the prescribing health practitioner, health team or pharmacist (as listed on the medication's pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication by this student.

Health condition	
☐ Asthma - secondary school students only	☐ I approve for the student to self-administer their asthma medication. **NOTE:** The school will need a copy of the student's *Asthma Action Plan* if it varies from the standard asthma first aid response

Health condition	I seek approval from the principal/delegate for the student to self-administer:
☐ Asthma	☐ their asthma medication *(following a current action plan/health plan)*
☐ Anaphylaxis	☐ their adrenaline auto-injector *(following a current action plan/health plan)*
☐ Diabetes	☐ their medication *(following a current health plan)*
☐ Cystic fibrosis	☐ their medication *(following a current health plan)*
☐ Other _____	☐ their medication *(following a current health plan)*

Parent/carer/student signature		**Date**	

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