Administration of medication at a residential boarding facility record sheet

Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of enabling residential boarding facility staff to administer the necessary emergency medication to your child while residing at the residential boarding facility. This information will only be accessed by authorised departmental employees, including residential boarding facility staff and State Schools Nursing Services. In accordance with section 426 of the Education (General Provisions) Act 2006 (Qld) (regarding student's personal information) and the Information Privacy Act 2009 (Qld) (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. If you have concerns about the handling of this personal information please contact Anne Rathmell, Head of Campus in the first instance.

This form is a record of a parent/carer's request for staff at the residential boarding facility to administer a medication to their child. It is also designed to record the administration of this medication. Where dosage requirements vary from day to day (e.g. for insulin, Rivotril), it is the responsibility of the parent/carer to provide a current letter from the prescribing health practitioner advising the residential boarding facility of any adjusted doses. If the student's dosage of medication changes (e.g. 20mg to 30mg), the parent/carer must complete a new Administration of medication at a residential boarding facility record sheet.

N.B. The department recognises that all medications, including over-the-counter medications, e.g. paracetamol or alternative medicines, are considered drugs or poisons and may cause side effects. As such, the residential boarding facility is required to receive <u>medical authorisation</u> from a prescribing health practitioner (e.g. doctor, dentist, optometrist, nurse practitioner authorised by Queensland Health) to administer any medication to students, including those bought over-the-counter and/or those that do not have a pharmacists label.

Instructions

Prior to administering medication, confirm that:

- the parent/carer has completed Section 1 of this form and provided in-date medication in the original pharmacy labelled container. Where informed parent/carer consent cannot be obtained and there is a risk to the student's health and safety then the residential facility should follow medical advice provided and record all attempts to contact the parents/carers
- for prescription medication, the medication container has a valid pharmacy label which includes the name of the prescribing health practitioner and match the pharmacy label instructions in Section 1
- for over-the-counter medication, ensure current medical authorisation from a practicing health practitioner (e.g. doctor, dentist, optometrist, nurse practitioner authorised by Queensland Health and pharmacist) has been provided and the student has received a dose at home without ill effect prior to the residential boarding facility administering the medication.

During administration

Follow sequence in Appendix 1: Administering routine/short term medication checklist in the <u>Guidelines for the administration of medications in schools</u>.

After administration:

Ensure Section 2 of this form is completed to record the administration of the medication.



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SECTION 1 (TO BE COMPLETED BY PARENT/CARER) – Details of medication which may be required to be administered by residential boarding facility staff									Insert student photo below.
Student name Date of birth									
Parent/carer name					Contact phone number				
I hereby request that residential boarding facility staff administer the following medication to my child, as specified in this section.					 ☐ Medical authorisation from a prescribing health practitioner attached ☐ Medication has been previously provided at home without ill effect 				
Name of medication			Dosage (e.g. 1 tablet)	Strength (e.g. 10mg)	Route (e.g. oral)	Indications for use (e.g. instructions for when and how this medication is to be administered)			
Additional information									
Parent/carer signature									
SECTION 2 (TO BE COMPLETED BY RESIDENTIAL BOARDING FACILITY) – Record of administration of a student's medication									
Date	Time	Medication and dose given		Emergency services contacted (if required)	Outcome			Signature	

Unused medication that is no longer required to be administered at the residential boarding facility has been

collected by the parent/carer

returned to a local pharmacy

