

# Interim 24 Hour Parental Authorised Medication

For education,  
childcare and community support services

**PARENT AUTHORISED MEDICATION WILL ONLY BE ADMINISTERED FOR A MAXIMUM OF 24 HOURS (WITHIN A 4 WEEK PERIOD) WITHOUT MEDICAL PRACTITIONER AUTHORITY**

## CONFIDENTIAL

### To be completed by the PARENT/GUARDIAN and/or ADULT STUDENT

This information is confidential and will be available only to supervising staff and emergency medical personnel

**Interim 24 hour medication authorisation from parent/guardian:** A parent/guardian can provide written authorisation for medications to be administered in schools/childcare for a **maximum of 24 hours**. **This authority can be used where it is not possible to get an appointment with the treating health practitioner within this timeframe.** This authority can be used for prescription and non-prescription medications which meet DECD policy (ie provided in original pharmacy labelled container for a specific child/student)

This authority **cannot be used for commencement of a new medication that the child/student has not previously taken.** If used for non-prescription medication, staff will only administer against recommended doses on the original packaging. **This authority should not be accepted for medication to be given during a planned event (eg excursion/overnight trip etc) where parents/guardians should get a Medication Authority signed by the child/student's treating health practitioner.**

Name of child/student \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>MEDICATION INSTRUCTIONS</b> <i>(please print clearly)</i>	<b>TIME</b> <i>Tick administration time(s)</i>
Medication name <i>(Generic name on original packaging – not brand name)</i>	<input type="checkbox"/> 8.30 – 10.00am
Form <i>(e.g. liquid, tablet, capsule, cream)</i>	<input type="checkbox"/> 10.30 – 12 noon
Route <i>(e.g. oral, inhaled, skin)</i>	<input type="checkbox"/> 12.30 – 1.00pm
Strength <i>(included on original packaging)</i>	<input type="checkbox"/> 1.30 – 3.15pm
Dose <i>(as advised on pharmacy label or recommended on packaging)</i>	<input type="checkbox"/> Other <i>(please specify)</i>
Other instructions - if to be given for specific signs/symptoms – state clearly	
Any difficulties with administration (eg coordinating a puffer and spacer)	

**Parent / guardian / adult student:**

***I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to supervising staff and emergency medical personnel.***

\_\_\_\_\_  
Family name (please print)      First name (please print)      Signature      Date

**School / Childcare authorised staff person:**

Start Date: \_\_\_\_\_ Finish Date (24 hrs only): \_\_\_\_\_

\_\_\_\_\_  
Family name (please print)      First name (please print)      Signature      Date