



Help for non-English speakers

If you need help to understand the information in this policy, please contact Melbourne High School.

## PURPOSE

To explain to parents/carers, students and staff the processes Melbourne High School will follow to safely manage the provision of medication to students while at school or school activities, including camps and excursions.

## SCOPE

This policy applies to the administration of medication to all students. It does not apply to:

- the provision of medication for anaphylaxis which is provided for in our school's Anaphylaxis Policy
- the provision of medication for asthma which is provided for in our school's Asthma Policy
- specialised procedures which may be required for complex medical care needs (currently we have no students requiring specialised procedures)

## POLICY

If a student requires medication, Melbourne High School encourages parents to arrange for the medication to be taken outside of school hours. However, MHS understands that students may need to take medication at school or school activities. To support students to do so safely, MHS will follow the procedures set out in this policy.

## School Nurse

Melbourne High School employs a full time Registered Nurse (RN) Division 1 who has an in-depth scientific knowledge that includes the administration, supply and quality use of medications and can assess students on their need for medication should they be ill or injured at school (more details later in document)

## Authority to administer

If a student needs to take medication while at school or at a school activity:

- Parents/carers will need to arrange for the student's treating medical/health practitioner to provide written advice to the school which details:
  - the name of the medication required
  - the dosage amount
  - the time the medication is to be taken
  - how the medication is to be taken
  - the dates the medication is required, or whether it is an ongoing medication
  - how the medication should be stored.
- If a medication is prescribed, or given every day, parents/carers must provide written evidence from the student's medical/health practitioner that it is needed. Acceptable written evidence includes:
  - the Medication Authority Form signed by the prescribing health practitioner; or
  - prescribed and dispensed medication in its original container or packaging with a current and original label (pharmacy label) that is stored at school; or
  - original label (pharmacy label) directly sighted and photocopied by school staff; or
  - a signed letter from the prescribing health practitioner (for example, GP or specialist letter or hospital discharge letter); or
  - a completed and signed action or management plan from the prescribing health practitioner.
- Medication Authority Forms are available from the School Nurse who can be contacted at [nurse@mhs.vic.edu.au](mailto:nurse@mhs.vic.edu.au)
- If advice cannot be provided by a student's medical/health practitioner, the Nurse, as the Principal's nominee, may agree that written authority can be provided by, or the Medication Authority Form can be completed by a student's parents/carers.
- The Nurse may need to consult with parents/carers to clarify written advice and consider student's individual preferences regarding medication administration.

## Administering medication

Any medication brought to school by a student needs to be clearly labelled with:

- the student's name
- the dosage required
- the time the medication needs to be administered.

Student medication will be stored securely in the Health Centre. The Nurse will have the student or parent/carer sign the medication into the school as an acknowledgement of the school taking possession of the medication.

# ADMINISTRATION OF MEDICATION POLICY

Melbourne, 4 August 2026

Parents/carers need to ensure that the medication a student has at school is within its expiry date. The Nurse monitors the expiry dates of the medication and will promptly contact the student's parents/carers who will need to arrange for medication within the expiry date to be provided.

If a student needs to take medication at school or a school activity, the Nurse or a First Aid Officer will ensure that:

- Medication is administered to the student in accordance with the Medication Authority Form so that:
  - the student receives their correct medication
  - in the proper dose
  - via the correct method (for example, inhaled or orally)
  - at the correct time of day.
- A log is kept of medication administered and the time it was given to a student, which is signed by the staff member who administered the medication.
- Where possible, two staff members will supervise the administration of medication (please note this is rarely possible)
- The teacher in charge of a student at the time their medication is required:
  - is informed that the student needs to receive their medication
  - if necessary, release the student from class to obtain their medication.
- Located in the Health Centre is a folder containing all of the student medication authority forms and the signed log of administration.
- Students attending camps and overseas trips will, where appropriate, have their school held medication sent on the camp with the teacher in charge, unless the parent/carer provides additional medication for this purpose. Parents/carers should discuss this with the school prior to the event to determine what is appropriate.

At times, students may require medication such as Panadol or Nurofen for illness or injury while they are at school. Medication is only administered

- After the Nurse has completed an assessment of the student to determine if medication is required.
- Parents have been contacted and written consent via email has been obtained. Written consent to be emailed to the nurse at [nurse@mhs.vic.edu.au](mailto:nurse@mhs.vic.edu.au)
- If 000 has been called for paramedic support and hospital transfer and an Ambulance Victoria Senior Paramedic, Doctor or Nurse has advised over the phone that medication should be administered to the student, while waiting for the ambulance
- Medication may be withheld, if this is deemed necessary, particularly if the student is being referred to another health practitioner (general practitioner/emergency department doctor)

## Self-administration

If the principal decides to allow a student to self-administer their medication, the principal may require written acknowledgement from the student's medical/health practitioner, or the student's parents/carers that the student will self-administer their medication. In some cases, students at MHS have stored medication in their school bags or lockers. It is preferred that students do not do this as the school is unable to guarantee the safety of the medication.

If the school decides to allow a student to self-administer their medication, the Nurse may require written acknowledgement from the student's medical/health practitioner, or the student's parents/carers that the student will self-administer their medication. This will preferably be recorded in or attached to a Medication Authority Form.

Note:

1. this is not required for students with asthma or anaphylaxis as this is covered by the students ASCIA Action Plan or their Asthma Action Plan.
2. MHS will not permit students to carry or self-administer a controlled medication or benzodiazepine, such as dexamphetamine or methylphenidate (Concerta or Ritalin), at school. These medications must be signed into the Health Centre with the Nurse and accompanied by the Medication Authority Form. It is the responsibility of the parents/carers to notify the school (Nurse) if a medication is controlled

## Storing medication

Medication is stored in the MHS Health Centre securely to minimise risk to others (in the locked cabinet – keys held by the nurse and with a spare set stored in reception)

- in a place only accessible by staff who are responsible for administering the medication
- away from a classroom (unless quick access is required)
- away from first aid kits
- according to packet instructions, particularly in relation to temperature.
- The Nurse may decide, in consultation with parents/carers and/or on the advice of a student's treating medical/health practitioner:
- that the student's medication should be stored securely in the student's classroom if quick access might be required
- to allow the student to carry their own medication with them, preferably in the original packaging if:
  - the medication does not have special storage requirements, such as refrigeration
  - doing so does not create potentially unsafe access to the medication by other students.

# ADMINISTRATION OF MEDICATION POLICY

Melbourne, 4 August 2026

## Warning

Melbourne High School, in accordance with The Department of Education policy, will not:

- store or administer analgesics such as aspirin and paracetamol as a standard first aid strategy as they can mask signs and symptoms of serious illness or injury
- allow a student to take their first dose of a new medication at school in case of an allergic reaction – this should be done under the supervision of the student's parents, carers or health practitioner
- administer as-needed medication for acute behavioural disturbance as a form of chemical restraint
- allow the use of medication by anyone other than the prescribed student except in a life-threatening emergency, for example if a student is having an asthma attack and their own puffer is not readily available.

## Medication error

If a student takes medication incorrectly, staff will endeavour to:

| Step | Action                                                                                                                    |
|------|---------------------------------------------------------------------------------------------------------------------------|
| 1.   | If required, follow first aid procedures outlined in the student's Health Support Plan or other medical management plan.  |
| 2.   | Ring the Poisons Information Line, 13 11 26 and give details of the incident and the student.                             |
| 3.   | Act immediately upon their advice, such as calling Triple Zero "000" if advised to do so.                                 |
| 4.   | Contact the student's parents/carers or emergency contact person to notify them of the medication error and action taken. |
| 5.   | Review medication management procedures at the school in light of the incident.                                           |

In the case of an emergency, school staff will call Triple Zero "000" for an ambulance.

## Communication

This policy will be communicated to our school community in the following ways:

- Available publicly on our school's website
- Included in staff induction processes and staff training
- Included in staff handbook/manual
- Discussed at staff briefings/meetings as required
- Included in transition and enrolment packs
- Discussed at parent information nights/sessions
- Reminders in our school newsletter
- Hard copy available from school administration upon request

## Further information and resources

The Department's Policy and Advisory Library (PAL):

- [First Aid for Students and Staff Policy](#)
- [Medication Policy](#)

The following school policies are also relevant to this First Aid Policy:

- Anaphylaxis Policy
- Asthma Policy
- Duty of Care Policy
- First Aid Policy

Attached to this document are examples of a Medication Authority Form and a Medication Log.

## Policy review and approval

|                            |             |
|----------------------------|-------------|
| Policy last reviewed       | August 2026 |
| Approved by                | Principal   |
| Next scheduled review date | August 2030 |

# Melbourne High School Medication Authority Form – Parent/Carers

**This form is not needed for anaphylaxis, asthma or emergency epilepsy medicine. Please give school a copy of your child's action or management plan.**

**This form is needed for all other medicine, including medicine:**

- that does not need a prescription (over-the-counter), like paracetamol, ibuprofen or hay fever medicine
- given only when your child needs it.

**This form makes sure staff know:**

- why a medicine is needed
- the right way to give it
- how to give back unused medicine to you.

**When you fill in this form, you give written consent for school staff to:**

- give a medicine to your child
- call you if there are any questions about giving medicine
- call the pharmacist or doctor if there are any questions about giving medicine
- hold this health information to help your child, following law and the department's Privacy policy
- if appropriate, allow your child to carry and take their own medication.

**If you can, give your child medicine OUTSIDE school hours.** For example, medicine needed 3 times a day can be given before school, after school, and before bed.

**For ALL medicine, please check:**

- ☐ your child has taken this medicine before
- ☐ medicine(s) is in original package or box – speak with your pharmacist or doctor if you need other options
- ☐ medicine(s) is clearly labelled with your child's name and date of birth, like a pharmacy label
- ☐ medicine(s) is not out of date

**For prescription medicine**, the school needs to know that it is approved by a doctor, nurse practitioner or other health professional who can prescribe medicine. You must provide one of the following:

- ☐ pharmacy label on package or box, **OR**
- ☐ pharmacy label checked and photocopied by school staff, **OR**
- ☐ doctor, nurse practitioner or other health professional has signed form, **OR**
- ☐ a letter, action or management plan signed by a health professional.

**If a child lives between separate homes, it is the parent or carers' responsibility to make sure there is medicine at home.** These arrangements must be made **OUTSIDE** of school.

**Students cannot carry or take their own controlled medication, or any benzodiazepine, without staff supervision.**

- A controlled medication is labelled "CONTROLLED DRUG" on the package or box.
- You can check with your pharmacist or call 1300 MEDICINE (1300 633 424, Monday to Friday 9 AM to 5 PM).

**If you have questions or need help with this form, speak with our school nurse during school hours.**

### Privacy notice

The form will be collecting the information about your child's medication and how and when it should be taken. All this information will be used to ensure that your child is given medication correctly. If not all the information is provided on the form, it may affect our ability to provide medication to your child.

Information provided in the form will be stored securely in the department's systems, with access restricted to those providing your child with medication, those that need access as outlined in this form, staff that need to provide required technical system assistance to access the information and also any staff that need to know in accordance with the department's privacy policy.

All information will be handled in accordance with the Privacy notice provided in this form and Victorian privacy laws and the department's policies regarding privacy and records.

For further information on this Notice, please email the school nurse – [nurse@mhs.vic.edu.au](mailto:nurse@mhs.vic.edu.au)



# Medication Authority Form

|                      |  |                               |  |
|----------------------|--|-------------------------------|--|
| <b>Student name:</b> |  | <b>Student date of birth:</b> |  |
|                      |  |                               |  |

  

|                                                                   |                                     |                                     |                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name of medication:</b>                                        |                                     |                                     |                                                                                                                                                                                                                                         |
| <b>What is this medication for?</b>                               |                                     |                                     |                                                                                                                                                                                                                                         |
| <b>Start date:</b>                                                |                                     | <b>End date:</b>                    |                                                                                                                                                                                                                                         |
| <b>How much to give (dose)?</b>                                   | <b>When to give (time)?</b>         | <b>How is it given (route)?</b>     | <b>Supervision instructions</b>                                                                                                                                                                                                         |
|                                                                   |                                     |                                     | <input type="checkbox"/> Staff will give to student<br><input type="checkbox"/> Staff will watch and help student<br><input type="checkbox"/> Staff will remind student<br><input type="checkbox"/> Student approved to self-administer |
| <b>How to give medication. E.G orally</b>                         |                                     |                                     |                                                                                                                                                                                                                                         |
| <b>How to store medication. EG does it require refrigeration?</b> |                                     |                                     |                                                                                                                                                                                                                                         |
| <b>Type of medication?</b>                                        | <input type="checkbox"/> Prescribed | <input type="checkbox"/> Controlled | <input type="checkbox"/> Over-the-counter                                                                                                                                                                                               |

  

|                                     |                                     |                                     |                                                                                                                                                                                                                                         |
|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Name of medication:</b>          |                                     |                                     |                                                                                                                                                                                                                                         |
| <b>What is this medication for?</b> |                                     |                                     |                                                                                                                                                                                                                                         |
| <b>Start date:</b>                  |                                     | <b>End date:</b>                    |                                                                                                                                                                                                                                         |
| <b>How much to give (dose)?</b>     | <b>When to give (time)?</b>         | <b>How is it given (route)?</b>     | <b>Supervision instructions</b>                                                                                                                                                                                                         |
|                                     |                                     |                                     | <input type="checkbox"/> Staff will give to student<br><input type="checkbox"/> Staff will watch and help student<br><input type="checkbox"/> Staff will remind student<br><input type="checkbox"/> Student approved to self-administer |
| <b>How to give medication?</b>      |                                     |                                     |                                                                                                                                                                                                                                         |
| <b>How to store medication?</b>     |                                     |                                     |                                                                                                                                                                                                                                         |
| <b>Type of medication?</b>          | <input type="checkbox"/> Prescribed | <input type="checkbox"/> Controlled | <input type="checkbox"/> Over-the-counter                                                                                                                                                                                               |

  

|                                  |  |
|----------------------------------|--|
| <b>Who collects unused meds?</b> |  |
|----------------------------------|--|

  

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| <b>Authority to give medication at school (parent/carer to tick)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |  |  |
| <input type="checkbox"/> I consent for this medication to be given to the student during school or school-related activities, as per the instructions above.<br><input type="checkbox"/> I authorise the school to contact the pharmacist or prescriber on the pharmacy label or this form to check how to safely give this medicine.<br><input type="checkbox"/> I confirm that my child has had this medicine before. This is not the first time my child has taken this medicine.<br><input type="checkbox"/> I understand that we collect personal and health information to plan for and support the health care needs of our students which will be handled in accordance with the Privacy notice in this form. |  |  |  |

  

|                                      |                                |                        |                     |
|--------------------------------------|--------------------------------|------------------------|---------------------|
| <b>REQUIRED – Parent/carer name:</b> | <b>Parent/carer signature:</b> | <b>Contact number:</b> | <b>Date signed:</b> |
|                                      |                                |                        |                     |

  

|                                     |                              |                        |                     |
|-------------------------------------|------------------------------|------------------------|---------------------|
| <b>IF NEEDED – Prescriber name:</b> | <b>Prescriber signature:</b> | <b>Contact number:</b> | <b>Date signed:</b> |
|                                     |                              |                        |                     |

  

|                                       |                                                                    |                                                                   |                                                     |
|---------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------|
| <b>SCHOOL USE ONLY: authorisation</b> | <input type="checkbox"/> Original pharmacy label on package or box | <input type="checkbox"/> Signed letter, action or management plan | <input type="checkbox"/> Signed by prescriber above |
|---------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------|



Melbourne High School

## Medication Log

Student Name:

| Date | Medication | Dose | Time | Nurse/Staff<br>Signature |
|------|------------|------|------|--------------------------|
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