

<b>Purpose:</b>	The purpose of this procedure and form is to obtain parental authorisation for the administration of prescribed medication by College staff and to ensure the safe, standardized, and fully documented record of that administration.	
<b>Scope:</b>	The scope of this procedure applies to all parents/guardians requesting medication administration for their young person and all authorized Jabiru Community College staff involved in the handling, administration, and recording of that medication.	
<b>Status:</b>	Approved	<b>Supersedes:</b> N/A
<b>Authorised by:</b>	Co Principals	<b>Date of Authorisation:</b> August 2025
<b>References:</b>	<ul style="list-style-type: none"> <li><i>Administration of Medication Policy</i></li> </ul>	
<b>Review Date:</b>	Every 2 years	<b>Next Review Date:</b> August 2027
<b>Policy Owner:</b>	CLL Board or Co-Principals or other as delegated (Indicate here) Co Principals	

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**EMERGENCY MEDICATION – ADMINISTRATION OF MEDICATION AUTHORISATION AND RECORD FORM**

**PRIVACY STATEMENT** Jabiru Community College is collecting this personal information for the purpose of enabling College staff to administer the necessary medication to your young person while at College or during College related activities. This information will only be accessed by authorised employees, including school staff. In accordance with section 426 of the Education (General Provisions) Act 2006 (Qld) and the Information Privacy Act 2009 (Qld) this information will not be disclosed to any other person or body unless you have given JCC permission or JCC is required or authorised by law to disclose the information.

This form is a record of a parent/guardian's request for the College to administer prescribed medication to their young person. It is also designed to record the administration of this medication to a young person during College hours or College-related activities. For young people who require more than one medication, a separate form will need to be completed for each additional medication. More rows may be added to Section 2 if required.

The young person's Health/Action Plan should be attached to the emergency medication record sheet/s for easy reference.

N.B. If the young person's dosage of medication changes (e.g. 20mg to 30mg), parents/guardians must complete a new form.

N.B. This form is NOT designed to record the administration of first aid emergency medication to a young person with no previous diagnosis.

**Instructions for Jabiru Community College staff:**

On receipt of a young person's emergency medication from their parent/guardian, confirm that:

- the parent/guardian has completed Section 1 of this form
- the parent/guardian has provided the young person's Health/Action Plan (e.g. Anaphylaxis Action Plan, Asthma Action Plan) and any relevant medication
- if the medication is an EpiPen or Asthma puffer, ensure the parent/guardian is aware that their young person must carry the device on their person at all times and an additional device is handed in to the College
- the medication container has a valid pharmacy label which includes the name of the prescribing health practitioner to confirm that it is prescription medication
- the pharmacy label instructions match Section 1.

**During administration:**

- Follow the instructions on the young person's relevant health plan (e.g. Health Plan, Asthma Action Plan, Anaphylaxis Action Plan).

**After administration:**

- Complete Section 2
- Record the administration on the Campus First Aid Register

**In the case of emergency medication administration:**

- Complete an Incident Report and attach a copy of this completed form
- Contact the parent/guardian to advise them that emergency medication has been administered and the actions the College is taking to support the young person.

<i>Section 1 – Details of medication which may be required to be administered by College staff (Parent/Guardian to complete)</i>					Insert YP photo below
Young person name		Date of birth			
Parent/Guardian name		Contact phone number			
I hereby request that the College staff administer the following medication to my young person, if required, during College or College related activities, as specified in this section. I consent to Jabiru COmmunity College sharing this medical information and any associated Health/Action Plan with any relevant employer/s for the purposes of Leaving To Learning off site learning experinces					
Name of medication	Dosage (eg. 1 tablet)	Strength (eg. 10mg)	Route (eg. oral)	Indications for use (e.g. instructions for when and how this medication is to be administered)	
Additional Information					
If the medication is an Epipen or Asthma puffer, I will ensure my young person carries one device on them at all times			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
If the medication is an Epipen or Asthma puffer, I have handed in one device to the College which will be held in a secure but unlocked location with the First Aid			Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Parent/guardian signature			Date		

Section 2 – Record of administration of a young person’s prescribed medication (College use only)					
Date	Time	Dose given	Emergency service contacted (if required)	Outcome	Name and signature