

## CAMP – ADMINISTRATION OF MEDICATION AUTHORISATION AND RECORD FORM

### PRIVACY STATEMENT

The Australian Industry Trade College (AITC) is collecting this personal information for the purpose of enabling College staff to administer the necessary medication to your young person while on camp. 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 the AITC permission or AITC 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 routine medication to their young person on the camp identified on this form. It is also designed to record the administration of this medication to a young person on the camp.

### Instructions for AITC staff

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

- the parent/guardian has completed Section 1 of this form
- 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 prescription label and follow the five rights of Administration (right person, right drug, right dose, right time, right route)
- After the correct dosage has been handed to the young person, watch them take the medication (via the prescribed route e.g. orally).

After administration:

Staff complete Section 2 every time medication is administered on camp, with a separate entry made for each medication.

### Section 1 – Details of medication which is required to be administered by College staff on camp (Parent/Guardian to complete)

<b>Young person name</b>		<b>Date of birth</b>	
<b>Parent/guardian name</b>		<b>Contact phone number</b>	
<b>Camp name</b>		<b>Camp date (to/from)</b>	

I hereby request that the College staff store and administer the following prescription medication to my young person on the camp identified above, as specified in this section.

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/guardian signature			Date	

**Print the form to complete Section 2**

<i>Section 2 – Record of administration of a young person’s prescribed medication on camp (College use only)(Complete this section in hardcopy)</i>					
Date	Time	Medication	Dose Given	Observation	Staff Full Name and Signature

