

Privacy Statement

The Department of Education (DoE) is collecting this personal information for the purpose of enabling school staff to administer medication to the student listed below while at school or during school-related activities. This information will only be accessed by authorised departmental employees. In accordance with section 426 of the *Education (General Provisions) Act 2006* (regarding student's personal information) and the *Information Privacy Act 2009* (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.

Medication order to administer 'as-needed' medication at school

The following information will be used by Queensland state school staff to support the administration of 'as-needed' medication to the student named below at school or during school-related activities (e.g. camps, excursions).

Prescribing health practitioner to complete <u>all</u> sections below:			
Student name		Date of birth	
Medication		Dosage and route	
This medication is to be administered as: <i>(please select one or both)</i>			
<input type="checkbox"/> an emergency response <input type="checkbox"/> a non-emergency response			
Administer the medication when these signs and symptoms occur:			
The maximum number of dosages allowed over a 24-hour period are:			
The minimum length of time allowed between dosages is:			
The expected response the student would have after having this medication administered is:			
If there is no response in approximately ____ minutes, take the following action [e.g. call ambulance]:			
Please note: The school will notify the parent/carer if the student displays any suspected side effects following administration.			
Please indicate if additional information is attached (if required): YES <input type="checkbox"/> NO <input type="checkbox"/>			
Name of prescribing health practitioner:		Medical practice stamp/sticker:	
Signature of prescribing health practitioner:			
Date:			
Review date of this medication order:			