**Consent to Administer Medication**

For medication to be administered at Offside Tag events by an Offside Tag official or players team representative, there must be medical authorisation for the player to have that medication, and the medication must be in its original container with intact packaging.

Examples of medical authorisation include:

* a pharmacy label with both the student’s and doctor’s name on it;
* a signed letter from a doctor;
* a medication order from a dentist;
* an Action Plan signed by a doctor or nurse practitioner.

See below for examples of health conditions, medications and associated documentation:

|  |  |  |
| --- | --- | --- |
| **Health condition/ reason for medication** | **Example of medication** | **Documentation completed by doctor**  **or other prescribing health practitioner** |
| Asthma | Asthma puffer | *Asthma action plan* |
| Anaphylaxis | EpiPen | ASCIA *Anaphylaxis Action Plan* |
| Diabetes | Insulin injection, insulin pump | Department of Education *Medication order to administer ‘as-needed’ medication at school* or medication order or other written instructions from prescribing health practitioner and *diabetes management plan* |
| Other types of emergency medication e.g. for seizures | Midazolam | Department of Education *Medication order to administer ‘as-needed’ medication at school* |
| Medication required ‘as needed’ for minor or non-emergency symptoms | Ointment for skin allergies,  antihistamines | Department of Education *Medication order to administer ‘as-needed’ medication at school* |
| Changes to dosage (e.g. from ½ to 1 tablet) | Ritalin | Written instructions from prescribing health practitioner (e.g. doctor) |

**1. To request that Offside Tag administer medication to a player**

1. Complete Section A (page 2).
2. Provide Offside Tag with the medication in the original container with intact packaging.
3. Provide the written medical authorisation (e.g. completed pharmacy label, medication order, action plan) completed and signed by the prescribing health practitioner.
4. Make an appointment with the venue manager if:

* the player requires medication as an emergency response;
* you would like the player to self-administer their medication;
* the player has complex health support needs or requires other support strategies; or
* you have any concerns about the players health which may affect their game participation.

**2. To request a student self-administer their medication**

1. Complete Section A (page 2) and Section B (page 3).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Consent to administer medication** | | | | | | | |
| **Privacy Statement** Offside Tag is collecting this personal information for the purpose of enabling Offside Tag officials or player team representatives to administer medication to the nominated player, or to a player to self-administer their medication while at Offside Tag events.. This information will only be accessed by authorised by authorised Offside Tag Officials and players team representatives. This information will not be disclosed to any other person or body unless Offside Tag has been given permission or is required or authorised by law to disclose the information. | | | | | | | |
| **Section A:** ***Complete the details below:***  **NOTE:** This form only collects information for one (1) medication. If more than one medication is required, please complete a separate form for each medication. | | | | | | | |
| **Players name** |  | | **Date of birth** | |  | | |
| **Parent/Carer name** |  | | **Phone number** | |  | | |
| * I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the player named above during the course of Offside Tag events. * I authorise Offside Tag officials and players team representatives to contact the prescribing health practitioner or pharmacist (as listed on the medication’s pharmacy label or in other relevant medical authorisation) for the purpose of seeking specific advice or clarification on the administration of this medication to this student. | | | | | | | |
| **Name of medication** |  | | | | | | |
| **I confirm that the medication provided to the player, Offside Tag or player teams representative (as listed above):**  🞏 is medically authorised *(e.g. has been prescribed by a doctor, dentist, optometrist or nurse practitioner)*  🞏 is in the original dispensed container with intact packaging  🞏 has the players and doctor’s names on the pharmacy label *(if there is no other written evidence of medical authorisation)*  🞏 is current/in-date *(*The expiry date of the medication is *\_ \_ / \_ \_ / \_ \_ \_ \_).* | | | | | | | |
| **The medication is required:** | | If **Yes** to any questions, complete the following: | | | | | |
| (a) routinely (e.g. 11am every day) | 🞏 **No**  🞏 **Yes⇨** | Administer at \_ \_: \_ \_ am/pm on the following days: *(circle the day/s required)* Monday Tuesday Wednesday Thursday Friday | | | | | |
| (b) for a short time only (e.g. only for 2 weeks) | 🞏 **No**  🞏 **Yes⇨** | Start date: \_ \_ /\_ \_ / \_ \_ \_ \_  End date: \_ \_ /\_ \_ / \_ \_ \_ \_ | | | | | |
| (c) to manage a health condition by following a current action plan or health plan | 🞏 **No**  🞏 **Yes⇨** | Is the medication for:  🞏 asthma 🞏 anaphylaxis 🞏 diabetes 🞏 epilepsy 🞏 cystic fibrosis 🞏 other *(describe)* | | | | | |
| (d) ‘as needed’ to treat minor or non-emergency symptoms | 🞏 **No**  🞏 **Yes⇨** | 🞏 I understand that before the school administers this medication, if they are not aware of when this medication was most recently given to this student, I will be contacted to provide this information. | | | | | |
| Has this student previously shown any side effects after taking this medication? | | | | | | | **Yes** 🞏 **No** 🞏 |
| If **Yes**, describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **Parent/carer signature** |  | | | **Date** | |  | |