



MEDICATION AUTHORITY FORM

for a student who requires medication whilst at school

This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school.

For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead.

For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead.

Wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

Please only complete those sections in this form which are relevant to the student's health support needs.

Please ensure that medication delivered to the school is in its original package and the pharmacy label matches the information included in this form.

Please indicate if there are specific storage instructions for the medication.

Monitoring effects of medication

School staff *do not* monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Privacy Statement

The school collects personal information so that the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.

- This form is valid until the end of the current school year or until the review date, whichever is earlier.
- It is the parent/guardian/care giver's responsibility to ensure that sufficient and in-date supplies of the prescribed medication are available at the school for appropriate administering by school staff.
- It is the parent/guardian/care giver's responsibility to advise the school in writing of any changes to the student's condition or prescribed medication.
- School staff will record medication as given on the 'Medication Administration Record' (overleaf) which will be made available to parents for verification should the need arise.

Completed form is to be filed with the Student's Records in the Administration Office.

Student Information	
Name	
MedicAlert Number (if relevant)	Date of Birth / /
Authorisation: Parent/Guardian/Care-Giver	
In signing this form I fully understand and accept the conditions outlined herein and in the school's Student Care and Health Policy and related documents.	
Name	Contact Phone Number
Signature	Date / /
Authorisation: Medical/Health Practitioner	
Name	Contact Phone Number
Signature	Date / /

Valid until	End of school year 20			or Review Date	/	/20
Medical/Health Condition						
Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/ topical/injection)		Dates	
					Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication	
Storage Instructions						
					Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication	
Storage Instructions						
Additional						
Medication Administration Record						
Date	Time		Medication & Dose	Administered By		
/ /20	:	am / pm				
/ /20	:	am / pm				
/ /20	:	am / pm				
/ /20	:	am / pm				
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Unused medication returned to parent: YES / NO (circle one when applicable)						