

Medication Authority Form

For a student who requires medication whilst at school
Form to be completed and handed directly to the school office along with the medication



This form should be completed ideally by the student's medical/health practitioner or parent/carer 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. These forms are available from the school office. Please note that all action plans given to the school must be the original coloured copy.

Student's Name: _____ Class/Teacher: _____

Please Note: 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.

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

Medication required:

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it To be taken? (e.g. orally/ topical)	Dates	How should it Be stored?	Original Packaging?	Pharmacy label details Match this form?	Can the student Self Administer?	Any Additional Information?
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication					
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication					

Privacy Statement

The school collects personal information so as 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.

Authorisation

Name of Parent/Carer: _____ Relationship to student: _____

Signature of Parent/Carer: _____ Date: _____ Contact Number: _____