



MEDICATION AUTHORITY FORM

This form must be completed by medical practitioner or parent/carer for all students requiring medication to be administered at school. (Please note: Asthma & Anaphylaxis require separate Action & Management Plans)

Please note: wherever possible, medication should be scheduled outside school hours, e.g. Medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

Student Name:	Class:
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Name of Medication	Time/s to be taken	Dosage amount	Method of administering (orally, topically, injection)	Storage instructions	Dates:
					Start Date: / / End Date: / / Ongoing: N Y
Reason for Medication:					
					Start Date: / / End Date: / / Ongoing: N Y
Reason for Medication:					

Medication delivered to school

Please ensure that medication delivered to school

is in its original packaging

the pharmacy label matches the information included in this form

Monitoring effects of medication

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

Supervision/Self-management of medication

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should be agreed to by the student parent/carer, the school and the student's medical/health practitioner. Please indicate level of supervision required below:

Remind <input type="checkbox"/>	Observe <input type="checkbox"/>	Assist <input type="checkbox"/>	Administer <input type="checkbox"/>	Self Management <input type="checkbox"/>
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Privacy Statement

The school collects personal information so 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.

Authorisation

Parent/Carer Name:		Signature:	
Contact Number:		Date:	
Medical/Health Practitioner:		Signature:	
Professional Role:		Date:	
Contact Number:			