**Medication Authority Form**
For a student who requires medication whilst at school

For students with asthma, an Asthma Foundation’s School Asthma Action Plan should be completed instead. For students with anaphylaxis, an ASCIA Action Plan for Anaphylaxis should be completed instead.

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

Student’s Name: ___________________________  Class: ___________

**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.

<table>
<thead>
<tr>
<th>Name of Medication/s</th>
<th>Dosage (amount)</th>
<th>Time/s to be taken</th>
<th>How is it to be taken? (e.g. orally / topical)</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Medication Storage**
Please indicate if there are any specific storage instructions for this medication.
To be stored in a refrigerator: ☐ Yes ☐ No

**Medication delivered to the school**
Please ensure that medication delivered to the school:
☐ Is in its original package ☐ 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.

**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: ___________________________________________

Signature: ___________________________  Date: ____________________

If additional advice is required, please attach it to this form