

Medication Authority Form

For a student who requires medication whilst at school, on an excursion or Camp



For students with asthma, an Asthma Foundation's *School Asthma Action Plan* must be completed instead
For students with Anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* must be completed instead of this form
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.

Medication Required:

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/ topical)	Dates
				Start date: ___/___/___ End Date: ___/___/___ <input type="checkbox"/> Ongoing medication
				Start date: ___/___/___ End Date: ___/___/___ <input type="checkbox"/> Ongoing medication

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 9637 2670.

Authorisation:

Name of Parent/Guardian: _____

Signature: _____

Date: _____

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