Medication Authority Form

for a student who requires medication while at school

This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signation from a medical practitioner.

Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach to this form.

If your child has Asthma or Anaphylaxis, please ensure that the school is provided with either an Asthma Action Plan or Anaphylaxis Action Plan, and that your child carries the appropriate medication device on their person.

Please also use this form to give permission for Panadol/Nurofen/Hay fever medication to be given to students when/if required. This is to be provided in its original packaging and no medical practitioner signature is required.

Student Details

Name of Student: ....

Birth Date: (dd-mm-yyyy): ..../............../.............

MedicAlert Number (If relevant): ....

Review date for this form:...

Medication to be administered at school:

Name of Medication	**Dosage (Amount)**	**Time/s to be taken**	**How is it to be taken? (Eg. Oral/ topical/injection)**	**Dates to be administered**	**Supervision required**
				Start: / / End: / / **OR** ❒ Ongoing Medication	❒ Student self-managing ❒ Yes ❒ Remind ❒ Observe ❒ Assist ❒ Administer
				Start: / / End: / / **OR** ❒ Ongoing Medication	❒ Student self-managing ❒ Yes ❒ Remind ❒ Observe ❒ Assist ❒ Administer
				Start: / / End: / / **OR** ❒ Ongoing Medication	❒ Student self-managing ❒ Yes ❒ Remind ❒ Observe ❒ Assist ❒ Administer
				Start: / / End: / / **OR** ❒ Ongoing Medication	❒ Student self-managing ❒ Yes ❒ Remind ❒ Observe ❒ Assist ❒ Administer

Medication delivered to the school

Please indicate if there are any specific storage instructions for any medication:

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Please ensure medication delivered to the school:

- ❐ Is in its original package
- ❐ The pharmacy label matches the medication information included in this form, and all student details, if required.

Supervision required

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 and their parents/carers, the school and the student's medical/health practitioner.

Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

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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

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy which applies to all government schools (available at: http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) and the law.

Authorisation to administer medication in accordance with this form:

Name of parent/carer: ....

Signature: .... Date: ....

Name of medical/health practitioner: ....

Professional role: ....

Date: ....

Contact details: ....