

MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school or on camp

- For students with asthma, please provide an [Asthma Australia's School Asthma Care Plan](#)
- For students with anaphylaxis, please provide an [ASCIA Action Plan for Anaphylaxis](#)

Student Details

Name of student: _____ Date of Birth: _____

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
					Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

Medication delivered to the school

Please ensure that medication delivered to the school:

Is in 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 but 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 carer: _____

Signature: _____

Date _____