

Medication Authority Form

for a student who requires medication whilst at school

This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an *ASCIA Action Plan for Anaphylaxis* should be completed instead. These forms are available from section 4.5 *Student Health* in the Victorian Government School Reference Guide:

www.education.vic.gov.au/referenceguide.

Student's Name: _____

Grade: _____

Date of Birth: _____

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 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.

Medication Required:

Medication Name	Medication for? (ADHD, Allergies, etc)	Dosage (Amount)	Time/s to be taken	Dates
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication

Name of Parent/Carer or adult/independent student:**

Signature:

Date:

If additional advice is required, please attach it to this form **Please note: Adult student is a student who is eighteen years of age and older. Independent student is a student under the age of eighteen years and living separately and independently from parents/guardians (See Victorian Government Schools Reference Guide 4.6.14.5).