



MEDICATION AUTHORITY FORM

For students requiring medication to be administered 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 signature from a medical practitioner.

- For students with asthma, an [Asthma Australia’s School Asthma Care Plan](#) is required.
- For students with anaphylaxis, an [ASCI Action Plan for Anaphylaxis](#) is required.

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

Please note: wherever possible, medication should be scheduled outside school hours, eg medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

Student Details

Name of school: **Langwarrin Park Primary School**

Name of student: _____ Date of Birth: _____

Year level and Class Number: _____

MedicAlert Number (if relevant): _____

Review date for this form: _____ (if not specified, authority ceases at end of year of signed date).

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 <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing (Yr 6 only) <input type="checkbox"/> 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 (Yr 6 only) <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 its original package
- The pharmacy label matches the information included in this form

Supervision required

Students in the early years will generally need supervision of their medication and other aspects of health care management and may not self-medicate at Langwarrin Park Primary School. Students in Year 6 may, at the request of the parent and by agreement of the school Principal on a case by case basis, carry and self-medicate asthma reliever medications (e.g. Ventolin).

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: _____

Signature: _____ Date: _____

Contact details: _____