Park Orchards Primary School

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 the Australasian Society of Clinical Immunology and Allergy (ASCIA): http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment.

Please only complete those sections in this form which are relevant to the student's health support needs.

Student's Name: ____ Date of Birth: ________________________

MedicAlert Number (if relevant): __________________________________ 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: / / ☐ Ongoing medication
				Start date: / / End Date: / / ☐ Ongoing medication
				Start date: / / End Date: / / ☐ Ongoing medication

Medication Storage

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

....

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.

Authorisation:

Name of Parent/Carer: ....

School Hours Contact Number: ....

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

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

U:\SAC\FIRST AID\FORMS ADMIN\Medication authority form.doc