



Medication Authority Form

For students requiring medication to be administered at school

This form excludes students with current Anaphylaxis, Allergy or Asthma Action Plans that clearly state required medications and their dosages. Please note: wherever possible, medication should be scheduled outside school hours.

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.

If the student has new, ongoing health support requirements, please ensure their *Student Health Support Plan* is updated concurrently with this form. This is available at the office or via the school website under *Notices and Forms*.

Student's Name:	Date of Birth: / /	Year Level:
Name of Medication:		
Dosage (amount):	Time/s to be taken (hh:mm):	
How is it to be taken? (e.g. oral/topical/injection):		
Reason for medication (e.g. cold/flu, headache):		
Dates to be administered:	Start: / /	End: / /
OR <input type="checkbox"/> Ongoing medication – please complete <i>Student Health Support Plan</i>		
Does the student need assistance to administer the medication? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does this medication need to be stored in the fridge? <input type="checkbox"/> Yes <input type="checkbox"/> No		
The medication delivered to the school is: <input type="checkbox"/> in its original package <input type="checkbox"/> has a pharmacy label that matches the information included in this form <input type="checkbox"/> within its expiry date <input type="checkbox"/> has a measuring device (for all liquid medications)		

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/guardian:	
Signature:	Date:

Name of medical/health practitioner:	
Professional role:	
Signature:	Date:
Contact details:	