



# 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.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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? (e.g. orally/ topical)	Dates
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication

**Medication Storage**

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

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**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.

<b>Authorisation:</b>	
<b>Name of Medical Practitioner:</b>	
Signature: _____	Date: _____
Contact details: _____	
<b>Name of Parent/Carer:</b>	
Signature: _____	
Date: _____	

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