

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.

Name of School: Essex Heights Primary School

Student's Name: _____ Date of Birth: _____

Medic Alert Number (if relevant): _____ Review date for this form: _____

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/injection)	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:

.....

.....

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 Medical/health practitioner:	
Signature:	Date:
Contact details:	
Name of Parent/Carer:	
Signature:	
Date:	

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