



# 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 Australia *Asthma Action Plan* should be completed instead. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead.

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

Name of School: Essex Heights Primary School

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

MedicAlert 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? (eg 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:

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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.

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

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