



MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school

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.

Please note: wherever possible, medication should be scheduled outside school hours, eg medication required three times daily is generally not required during a school day – it can be taken before and after school and before bed.

Student Details

Name of student: _____ Date of Birth: _____

Medication to be administered at school:				
Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg oral/topical/injection)	Dates to be administered
				Start: / / End: / / OR oOngoing medication
				Start: / / End: / / OR oOngoing medication
				Start: / / End: / / OR oOngoing medication
				Start: / / End: / / OR oOngoing medication
				Start: / / End: / / OR oOngoing medication

Please indicate if there are any specific storage/general instructions for any medication:



Medication delivered to the school

Please ensure that medication delivered to the school:

- o Includes the name of the student
- o Is in its original package
- o The pharmacy label matches the information included in this form

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: _____

Signature: _____ Date: _____

Name of medical/health practitioner: _____

Professional role: _____

Signature: _____ Date: _____

Contact details: _____