



Medication Authority Form

FOR STUDENTS REQUIRING MEDICATION AT SCHOOL

This form should be completed ideally by the student's medical/health general practitioner, for all medication to be administered at school. For 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. These forms are available from the Australian Society of Clinical Immunology and Allergy (ASCIA) site: <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>

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

STUDENT'S NAME:

DATE OF BIRTH:

MediAlert No (if applicable):

Please Note: Wherever possible, medication should be scheduled outside school hours e.g. medication required three times a day can be taken before and after school, and before bed.

MEDICATION	DOSAGE	DOSAGE TIME	START DATE	END DATE

MEDICATION STORAGE: Please indicate if specific storage instructions for the medication:

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MEDICATION DELIVERED TO SCHOOL: Please ensure that medication is:

- **In its original packaging**
- **The pharmacy label matches the information included in this form**



ST THERESE'S PRIMARY SCHOOL

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SELF-MANAGEMENT OF MEDICATION

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

Please advise if this person's condition creates difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties co-ordinating equipment.

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: The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be effected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about your child and to request that it be corrected.

AUTHORISATION

Name of Medical/Health Practitioner:

Professional Role:

Signature of Medical/Health Practitioner:

Contact details:

Name of Parent/Carer:

Signature:

Contact details:

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

SIGNATURE OF STAFF MEMBER RECEIVING: _____ DATE: _____