# **Medication Authority Form**





This form is updated as required to reflect details of medication to be administered at school and should be read in association with the student's Medical Management Plan.

### **Student Details**

Name of Student	Date of Birth
Date of Medical Management Plan	
MedicAlert Number (if applicable)	
Date for Medication Authority Form	
Date for Medication Authority Form	

## Medication(s) to be administered at school

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. oral/topical/ injection)	Dates to be administered	Supervision required?
				Start: End: <b>OR</b> Ongoing medication	<ul> <li>No student self- managing</li> <li>Yes</li> <li>remind</li> <li>observe</li> <li>assist</li> <li>administer</li> </ul>

		Start:	No Student Self-
			managing
		End:	
			🗆 Yes
		Ongoing	Remind
		Medication	Observe
			□ Assist
			□ Administer
		Start:	No Student Self-
			managing
		End:	
			🗆 Yes
		Ongoing	Remind
		Medication	□ Observe
			□ Assist
			□ Administer

## Medication taken to/stored at the school

Indicate if there are any specific storage instructions for any medication:

Ensure that medication taken to the school is in its original package with original labels. Please note School staff will seek emergency medical assistance if concerned about a student's condition following medication.

Please outline the reasons the administration of medication is required. This should be supported by a Medical Management Plan for ongoing medical conditions or letter from the child's treating health practitioner:

#### **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 [insert school name] published Privacy Policy.

#### Authorisation to administer medication in accordance with this form

Name of authorised parent/guardian/carer:

Parent Name	Parent Name
Signature	Signature
Date	Date
Health practitioner name	
Practice Name	
Contact details	
Telephone	Email
AHPRA Registration	Patient URL Number
Date	