



Medical Authority Form

This form should be completed ideally by the student's medical/health practitioner, for all medication to be administered at school or on school activities ie. camp. 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.

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.

The Principal (or their delegate) must ensure that medication is not be administered at School, except where:

Prescription medication has been supplied by the parents/guardians and written medical advice from a medical practitioner has been provided or the medication is in the packaging with labelling from the pharmacy;

Non-prescription medication has been supplied by the parents/guardians and a medication form has been completed and signed by the parents/guardians.

Child's Name:	
Date of Birth:	Year Level/Class:

Medication Required				
Name of medication	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
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication

Medication Storage

Please indicate if there are specific storage instructions for the medication:

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