

# 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 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 section 4.5 *Student Health* in the Victorian Government School Reference Guide: [www.education.vic.gov.au/referenceguide](http://www.education.vic.gov.au/referenceguide).  
**Please only complete those sections in this form which are relevant to the student's health support needs.**

Name of 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	Support for administration	Dates
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication

### Further Information

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

Any possible reactions: (please note teachers are not responsible for monitoring side effects and medical advice will be sort if concerned)

Please ensure that medication delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form.

**Name of Parent/Carer:** \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_