



MEDICATION AUTHORITY FORM

For students requiring medication(s) to be administered at school

This form **SHOULD NOT BE USED** for the following medical conditions: ASTHMA, EPILEPSY or ANAPHYLAXIS. The correct forms for these conditions are available from the school or the website.

This form should be signed by the student's health care practitioner.

If the health care practitioner is not able to sign, administration of medication can proceed according to the records below with a parent or carer signed authority and school sighting the medication label.

Please note: wherever possible, medication should be scheduled outside school hours, e.g. 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 school: Burwood East Special Developmental School

Name of student: _____ Date of Birth: _____

MediAlert Number (if relevant): _____

Review date for this information: _____

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)	Dates to be administered	Supervision required?
				Start: / / End: / / OR <input type="checkbox"/> Ongoing <input type="checkbox"/> As required with parent approval	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer
				Start: / / End: / / OR <input type="checkbox"/> Ongoing <input type="checkbox"/> As required with parent approval	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

P.T.O. ...



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Medication(s) delivered to the school

Please ensure that medication delivered to the school is handed to reception and ...

- Is in its original package
- The pharmacy label matches the information included in this form
- The expiry date for the medication(s) _____

We store medications securely. Are there any specific requirements (e.g. temperature or light) for this medication?

Supervision required

Adults will assume responsibility for administration of medication. Student self-management needs agreement between the student and their parents/carers, the school and the student's medical/health practitioner.

We cannot enforce a student to take their medication. What strategies do you suggest to help staff be successful in this undertaking?

Monitoring effects of medication(s)

Please note:

- To eliminate risk of allergic reaction, the first dose of a new medication should be taken at home.
- 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

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(s) in accordance with this form:

Name of parent/carer: _____

Signature: _____ Date: _____

Name of medical/health practitioner: _____

Professional role: _____

Signature: _____ Date: _____

Contact details: _____