

## Medication Authority 2021

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Medication: (During School Hours)

Please note: wherever possible, please give your child's medication at home, eg for a 3 times a day medication – give before school, after school, before bed.

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

### Medication Storage

**Please advise if there are specific storage instructions for the medication.**

---



---

### School Medication Instructions

All medication must be in the original packaging, with a Pharmacy label, unless it is in a pre-packaged pharmacy Webster Pack or an Over-The-Counter medication.

- Student's name must be clearly marked.
- Name of medication
- Is in original package
- The pharmacy label matches the information included in this form
- Dosage amount to be administered
- Time the medication is to be administered

**PLEASE TURN OVER**

### Medication: (After School Hours)

In an emergency situation, we may need to be aware of medication your child takes out of school hours:

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

#### 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 At School

Name of Medical/Health Practitioner:

Professional Role:

Signature:

Date:

Contact Details:

Parent/Carer Name: \_\_\_\_\_

Parent/Carer Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_