Medication Authority Form

Updated 21st June 2022

Student Details

Name of student:	Date of birth:	Date of Medical Management Plan:	MedicAlert number (if relevant):	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: / / OR Ongoing medication	No: Student is self managing Yes: Remind, Observe, Assist, Administer (Circle one)
				Start: / / End: / / OR Ongoing medication	No: Student is self managing Yes: Remind, Observe, Assist, Administer (Circle one)

Medication taken to/stored at the school

Please 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 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 the School's published Privacy Policy.

Authorisation to administer medication in accordance with this form

Parent Name:	Parent Name:
Signature:	Signature:
Date:	Date:
Health practitioner name:	Practice Name:
Address:	Email:
Telephone:	
AHPRA Registration:	Patient URL Number:
Date:	