14b

Student's Name:

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. Please only complete those sections in this form which are relevant to the student's health support needs.

Date of Birth:

Grade	Review date for this form:			
			the school hours, e.g. medi aken before and after scho	cation required three times a day is
generally no	t required during a	i school day. It can be u	aken before and after seno	or and before bed.
Medication required:				
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: / /
				□ Ongoing medication
Medication Storage			<u>'</u>	
Please indicate if there are specific	storage instructions	for the medication:		
•	3			
Madiantian dalivayad ta th	o ochool			
Medication delivered to the school Please ensure that medication delivered to the school:				
□ Is in its original package				
□ • The pharmacy label matches the information included in this form.				
Self-management of medi	cation			
Staff will administer medication at	DV/NIDC			
Monitoring effects of Medication				
		Authorisat	ion:	
Name of Medical/health practitioner:				
Professional Role:				
Signature: Date:				
Contact details:				
Name of Parent/Carer or adult :				
Signature:				
Date: If additional advice is required, please				

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 9637267