

Medication Authority Form

for a student who requires medication whilst at school

This form must be completed by parent/carer, for all medication to be administered at school.

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.

Student Details:

Name:		Grade:	
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TO BE COMPLETED BY PARENT/CARER

TO BE COMPLETED BY STAFF

Date/s	Medication	Time last dosage	Time for next dosage	Dosage amount / devise	Storage	Time administered	Staff Member administering	Signed by teacher

Medication delivered to the school

Please ensure that medication delivered to the school:

- is in its original package
 within the expiry date
 the pharmacy label matches the information included in this form

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.

Authorisation

Parent/Carer Name:		Signature:	
Contact Number:		Date:	

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 96372670.