St Paul's Primary School

Medication Authority Form

MELBOURNE ARCHDIOCESE CATHOLIC SCHOOLS

Student Details

Name of student: **Date of birth:**

MedicAlert number (if relevant): **Review date for this 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 self-managing ☐ Yes ☐ remind ☐ observe ☐ assist ☐ administer
				Start: / / End: / / **OR** ☐ Ongoing medication	☐ No – student self-managing ☐ Yes ☐ remind ☐ observe ☐ assist ☐ administer

Medication taken to/stored at the school

Please indicate if there are any specific storage instructions for any medication:

Please 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

Name of parent/guardian/carer:

Signature: Date:

Health practitioner name:

Health practitioner signature: Date:

Health practitioner provider number:

Contact details: