



MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school

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

Please ensure that medication delivered to the school:

Is in its original package

The pharmacy label matches the information included in this form

Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner.

Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

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.

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.

Name of parent/carer:

Signature:

Date: _____

Name of medical/health practitioner: _____