

## **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 the Australasian Society of Clinical Immunology and Allergy (ASCIA): <a href="http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment">http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment</a>.

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

Name of School: Caulfield South Primary School

Student's Name:Date of Birth:								
MedicAlert Number (if relevant):				Review date for this form:				
Please Note					he school hours, e.g. me ken before and after sch			
Medication required:								
Date	Right Child	Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/ topical/injection)	Name of staff (Print & initial)	Name of staff (Print & initial)	

Medication Storage Please indicate if there are specific storage instructions for the medication:  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.  Dates Start date: / / End Date: / / End Date: / / End Date: / / Songoing medication  Self-management of medication
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Self-management of medication
Self-management of medication
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 follow
agreement by the student and capabilities, older students can take responsibility for their own realth care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.
Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a
specified time or difficulties coordinating equipment:

## 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.

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.

<u>Authorisation:</u>			
Name of Medical/health practitioner:			
Professional Role:			
Signature: Date:			
Contact details:			
Name of Parent/Carer or adult/Mature minor**:			
Signature:			
Date:			

If additional advice is required, please attach it to this form

\*\*Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: Decision Making Responsibility for Students - School Policy and Advisory Guide).