



## MEDICAL AUTHORITY

This form is to be used for a student who requires medication at school.

*This form should be completed ideally by the student's medical/health practitioner for all medication to be administered at school. It is not required for asthma/anaphylaxis/allergy as the management action plans held by the school are the authority for this medication.*

**Student's name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Date providing medication to the College:** \_\_\_\_\_ **Review date:** \_\_\_\_\_

Medication must be provided to the College in its original packaging and pharmaceutically labelled (with name of medication, student's name and dosage, as per below information)

- Original packaging
- Pharmaceutically labelled (matching below)

*Please Note: wherever possible, medication should be scheduled outside of school hours, e.g. medication required three times per day is generally not required during a school day – it can be taken before and after school and before bed.*

Name of medication/s	Dosage (amount)	Time/s to be taken	Dates:
			Start date:    /    / End date:     /    / <input type="checkbox"/> Ongoing medication
			Start date:    /    / End date:     /    / <input type="checkbox"/> Ongoing medication
			Start date:    /    / End date:     /    / <input type="checkbox"/> Ongoing medication
			Start date:    /    / End date:     /    / <input type="checkbox"/> Ongoing medication

Please list any specific storage instructions for the medication:

---

---

---

## AUTHORISATION

### ***Parent/Carer***

Name of Parent/Carer: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### ***Medical***

Name of Medical/Health Practitioner: \_\_\_\_\_

Professional Role: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Details: \_\_\_\_\_

### **Monitoring effects of medication:**

College staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a student 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. Your personal information will be collected and stored in accordance with our privacy policy and information collection notice documents. To view these documents on our website [www.clonard.vic.edu.au](http://www.clonard.vic.edu.au)*