

Medication Authority Form



This form is updated as required to reflect details of medication to be administered at school and should be read in association with the student’s Medical Management Plan. 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.

All medications (including Aspirin, Nurofen, Paracetamol, Hayfever tablets, Antibiotics) need to be supplied in its original packaging by the parent/guardian and indicated on this form. Please remind your child that this form , along with all medications (except Ventolin), is to be handed to the supervising teacher in a clear plastic zip lock bag on the day of departure

Student Details

Name of Student	Date of Birth
Date of Medical Management Plan	Year Level & Homeroom:
Medical Alert Type:	Camp Dates (If Applicable):
Date for Medication Authority Form	Proposed date of review (for ongoing medication administration):

Student Name: _____

Medication(s) to be administered at school *(Please make additional copies of this form if required)*

Name of Medication	Dosage (amount) E.g. 10mg x 2 tablets	How is it to be taken? (e.g. oral/topical/injection)	Dates to be administered	Supervision required?	When to be taken					
					Time/s (e.g. 8am, 12pm, 4pm, 9pm)	Date/s <i>(Staff member to initial that the dose has been administered)</i>				
			Start: End: OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No Student Self-managing <input type="checkbox"/> Yes <input type="checkbox"/> Remind <input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Administer						
			Start: End: OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No Student Self-managing <input type="checkbox"/> Yes <input type="checkbox"/> Remind <input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Administer						
			Start: End: OR <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No Student Self-managing <input type="checkbox"/> Yes <input type="checkbox"/> Remind <input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Administer						

Medication taken to/stored at the school

Indicate if there are any specific storage instructions for any medication: e.g. to be taken with food, to be stored in fridge

Ensure that medication taken to the school is in its original package with original labels and the pharmacy label matches the information provided in this form . 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 Medical Management Plan for ongoing medical conditions or 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 Thomas Carr College’s published Privacy Policy.

Authorisation to administer medication in accordance with this form

Name of authorised parent/guardian/carer:

Parent/Guardian/Carer Name	
Signature	
Date	
Health practitioner name	
Practice Name	
Contact details	
Telephone	Email
AHPRA Registration	Patient URL Number (if applicable)
Date	

Responsible director	Director of Learning and Regional Services
Policy owner	General Manager, Learning Diversity
Approving body/individual	Director, Learning and Regional Services
Approval date	14 September 2022
Date of next review	April 2023