Williamstown North Primary School 1409

Medication Authority Form

for a student who requires medication whilst at school

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

Student's Name: _____ Date of Birth: _____ / _____ / _____

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

Medication required:

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. orally)	Dates
				Start date: ___ / ___ / ___ End Date: ___ / ___ / ___ □ Ongoing medication
				Start date: ___ / ___ / ___ End Date: ___ / ___ / ___ □ Ongoing medication

Medication Storage

Please indicate if there are specific storage instructions for the medication.

☐ Refrigerate ☐ Room Temperature

☐ Other _____

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

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 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.

Authorisation

Name of Parent/Guardian or Adult:

Signature: Date: _____ / _____ / _____

Name of Medical/Health Practitioner (if applicable)

Professional Role

Signature: Date: _____ / _____ / _____

Contact Details:

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