

Cranbourne East Primary School 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 or alternatively by the parent/guardian, for all medication to be administered 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 _____ Grade: _____

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? (eg. orally/injection)	Dates
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication <input type="checkbox"/> As required medication
				Start date: / / End Date: / / <input type="checkbox"/> Ongoing medication <input type="checkbox"/> As required medication

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

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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 5990 0400.

Name of Parent/Carer: _____

Signature: _____

Date: _____

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