

## MEDICATION AUTHORITY FORM

For students requiring medication to be administered at school

Parent/Guardian signature is required for all medication to be administered at school.  
Please only complete the sections below that are relevant to the student's health support needs.  
If additional advice is required, please attach it to this form.

Supervision by school nurse/staff is always required when administering medication.

**Please note wherever possible, medication should be scheduled outside school hours,  
Eg. medication required three times daily is generally not required during a school day -  
It can be taken before and after school and before bed.**

### Student Details

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Review date for this form: \_\_\_\_\_

### Medication to be administered at school:

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg oral / topical / injection)	Dates to be administered
				Start: / / End: / / <b>OR</b> <input type="checkbox"/> Ongoing medication
				Start: / / End: / / <b>OR</b> <input type="checkbox"/> Ongoing medication

### Medication delivered to the school

Please ensure that medication is delivered to the school:

- Is in its original package
- The pharmacy label includes the following information:
  - Student's name
  - Date of birth
  - Medication strength
  - Prescribed dosage
  - Administration instructions
  - Medical practitioner details

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

---

---

### Supervision required

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 only be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner.

Please describe what supervision or assistance is required by the student when taking medication at school (e.g. remind, observe, assist or administer):

---

---

### 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

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 the Department of Education and Training's privacy policy which applies to all government schools (available at: <http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) and the law.

**Authorization to administer medication in accordance with this form:**

Name of parent/carer: \_\_\_\_\_

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

Name of medical/health practitioner: \_\_\_\_\_

Professional role: \_\_\_\_\_

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

Contact details: \_\_\_\_\_

August 2025