

St James the Apostle Primary School 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.

Student Details

Name of Student:	Date of Birth:
Home group:	MedicAlert Number (if applicable):
Date of Medical Management Plan:	Date for Medication Authority Form:

Medication(s) to be administered at school

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. oral/topical/ injection)	Dates to be administered	Supervision required?
				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:

Ensure that medication taken to the school is in its original package with original labels. 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 St James the Apostle Primary School's published Privacy Policy.

Authorisation to administer medication in accordance with this form

Name of authorised parent/guardian/carer:

Parent/Guardian/Carer 1 Name:	Parent/Guardian/Carer 2 Name:
Signature:	Signature:
Date:	Date:
Health practitioner name:	
AHPRA registration:	Date:
Practice name:	
Telephone:	Email:
Fax:	Patient URL number:

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