

## Medical Authority Form

### For a student who requires medication whilst at school

This form needs to be completed by the student's medical/health practitioner for all prescription medication to be administered at school or on camps and excursions. Parents can complete this form for all non-prescription medication.

For students with asthma, an Asthma Australia Asthma Action Plan should be completed instead and is available from [http://asthma.org.au/wp-content/uploads/2021/12/AAAAP2022-Asthma-Action-Plan-A4\\_v8\\_Toolkit\\_editable.pdf](http://asthma.org.au/wp-content/uploads/2021/12/AAAAP2022-Asthma-Action-Plan-A4_v8_Toolkit_editable.pdf)

For students with anaphylaxis, an ASCIA Action Plan for Anaphylaxis should be completed, this is available from the Australasia Society of Clinical Immunology and Allergy (ASCIA) <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Please note: wherever possible, medication should be scheduled outside 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

#### Student Details

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Review date for this form: \_\_\_\_\_

#### MEDICATION REQUIRED (Please update these details on your child's PAM medical profile)

Name & Expiry Date of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken (e.g. orally/topical/injection/inhaled)	Dates
Expiry Date / /				Start Date: End Date: Ongoing Medication Yes / No
Expiry Date / /				Start Date: End Date: Ongoing Medication Yes / No
Expiry Date / /				Start Date: End Date: Ongoing Medication Yes / No
Expiry Date / /				Start Date: End Date: Ongoing Medication Yes / No
Expiry Date / /				Start Date: End Date: Ongoing Medication Yes / No

## Medication Storage

Please indicate if there are specific storage instructions for the medication

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## Medication delivered to the school

Please ensure that medication delivered to the College:

- Is in its original package
- The pharmacy label matches the information included in this form
- Expiry dates are clearly visible

## Monitoring effects of medication

Please note: College 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 College collects personal information so that the College 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 College 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.

## Authorisation

Name of medical/health practitioner (prescribed medication only)	
Professional role:	
Signature:	Date:
Name of parent/carer	
Signature:	Date: