



# Medicine Authority Form

<b>Student Name:</b>		<b>Date:</b>	
<b>Class Teacher:</b>			
<b>Room/Year:</b>			
<b>Family Doctor:</b>			
<b>Prescribing Doctor:</b>			

## Medication Details

Medical Condition requiring medication:	
Name of medication:	
Medicine type: (e.g. tablet, liquid)	
Dosage:	
Does the medicine need to be kept in the fridge?	Circle: <b>YES/NO</b>
Preferred time(s) for medicine to be given:	
Start Date:	End Date:
Other: (e.g. ongoing, take until finished)	
Additional info: (e.g. side effects to look out for)	
Does the student also have a health plan for this condition?	Circle: <b>YES/NO</b>

## Procedure for Giving Medicine

(e.g. Student can self-administer under supervision, adult required to administer, use the syringe provided etc.)

## Please read the following statements and sign below to indicate your agreement.

- I accept responsibility for the decision to give this medication to my child and acknowledge that the school is in no way responsible for that decision, now or in the future.
- I assure the school that this is not the first time my child has been given this medicine (i.e. the first dose was given at home).
- I accept that the school may not have trained medical personnel to administer medications.
- I accept that the school cannot guarantee that the medication will be given at a precise time or by the same person.
- I will notify the school about any changes in dosage, time or procedures by filling out a new Medicine Authority Form.
- The medication will be delivered to school in its original packaging.
- I will ensure that the medicine is not past its expiry date.
- I accept that the school will dispose of any uncollected medicine at the end of the year.
- I understand that it is my responsibility to supply medicine needed when off site (e.g. trips, camps).

Parent/Caregiver Name:		<b>Date:</b>	
Signature:			

# Medicine Authority Form

## OFFICE USE ONLY

Student has health plan:

Circle: **YES/NO**

### Recorded in SMS

**Date**

**Yes**

**No**

**N/A**

Medication expiry:

New Medication requested:

Replacement Medication expiry:

New Medication requested:

Replacement Medication expiry:

New Medication requested:

Replacement Medication expiry: