

SEAFORD NORTH PRIMARY SCHOOL

Medication Authority Form

for a student who requires medication whilst at school

NO MEDICATION IS PERMITTED AT SCHOOL UNLESS THIS FORM IS COMPLETED, AND MEDICATION HANDED TO THE OFFICE.

(This includes Panadol, and other pain relievers, and shop bought cough syrups).

Students with inhalers for Asthma may keep them in their bags for personal use.

This form should be completed by the student's parent/guardian for all medication to be administered at school. For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed. For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed. These forms are available from the Office, or the Australasian Society of Clinical Immunology and Allergy (ASCIA): <http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment>.

Please only complete those sections in this form which are relevant to the student's health support needs.

Student's Name: _____ Class _____

Parent's Signature: _____ Phone: _____

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?)	Dates
				Start date: End Date: Ongoing medication? []
				Start date: End Date: Ongoing medication? []
				Start date: End Date: Ongoing medication? []

Medication Storage

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

Office Use: Medication delivered to the school

Please ensure that medication delivered to the school:

Is in its original package

The pharmacy label matches the information included in this form.

Date received: _____

Staff member: _____

