 **Medication Authority Form**

Student’s Name: Class:

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| **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. **This form is to be used in line with the Eltham East Administration of Medication Policy.** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEDICATION REQUIRED** | | | | | |
| **Name of Medication/s** | **Dosage (amount)** | **Time/s to be taken** | | **How is it to be taken?** | **Dates** |
|  |  |  | |  | Start Date: |
| End Date: |
| Ongoing: 🞎 |
|  |  |  | |  | Start Date: |
| End Date: |
| Ongoing: 🞎 |
| **MEDICATION STORAGE** | | | | | |
| Please indicate if there are specific storage instructions for the medication: | | | | | |
|  | | | | | |
| NATURE OF ILLNESS | | | | | |
|  | | | | | |
|  | | | | | |
| **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 | | | | | |
|  | | | | | |
| **MEDICATION TO BE RETURNED** | | | | | |
| Please ensure that medication is: | | | | | |
| 🞎 To be retained in the First Aid Room | | | | | |
| 🞎 To be collected at the end of the school day | | | | | |
| **PARENT/CARER AUTHORISATION** | | | | | |
| Name of Parent/Carer : | | |  | | |
| Signature: | | |  | | |
| Date: | | |  | | |