



Medication Authority Form

Student's Name: _____

Class: _____

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: <input type="checkbox"/>
				Start Date:
				End Date:
				Ongoing: <input type="checkbox"/>

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: _____