



## St Kilian's School MEDICATION AUTHORITY FORM

**This form should be completed by the student's medical/health practitioner, for all medication to be administered at school.**

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.

### STUDENT DETAILS:

Student's name:	
Date of Birth:	
MedicAlert Number (if relevant):	
Review date for this form (if relevant):	

### MEDICATION REQUIRED:

Name of Medication/s:	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/topical/injection)	Dates
				Start: / / End: / / <input type="checkbox"/> Ongoing
				Start: / / End: / / <input type="checkbox"/> Ongoing
				Start: / / End: / / <input type="checkbox"/> Ongoing

**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 is delivered to the school is

- Is in its original package
- The pharmacy label matches the information included in this form.

### SELF-MANAGEMENT OF MEDICATION:

Students in the early years will generally need supervision of their medication and other aspects of healthcare management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner.

**Please advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take medication at a specified time or difficulties coordinating equipment:**

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**MONITORING EFFECTS OF MEDICATION:**

Please note: School 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 school collects personal information so as the school 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 school 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. Please contact the school directly.*

**AUTHORISATION:**

Name of Medical/health practitioner:

Professional Role:

Signature:

Date:

Contact Details:

Name of Parent/Carer:

Signature:

Date:

**If additional advice is required, please attach it to this form**

**Medication Administration Log**

*(to be completed by staff supervising administration of Medication)*

Date	Time	Name of Medication	Tick when checked				Any Comments & Name of staff (Please print & initial)
			Right Child	Right Medication	Right Dose	Right Route (oral/inhaled)	