

Holy Eucharist Catholic Primary School

1a Oleander Drive, St. Albans VIC 3021 Ph: 8312 0900

Medication Authority Form

For a student who requires medication whilst at school



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

PLEASE NOTE

- > Students with asthma need to have the 'Asthma Care Plan for Education and Care Services' completed instead of this form (Visit Asthma Australia www.asthma.org.au)
- > Students with anaphylaxis, an ASCIA Action Plan for Anaphylaxis should be completed instead. (Visit the Australasian Society of Clinical Immunology and Allergy (ASCIA) https://www.allergy.org.au/hp/ascia-plans-action-and-treatment

If your child requires different medication or different medication dosage from what is documented on the above two forms, this form needs to be completed.

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

Name of School: HO	OLY EUCHAR	RIST PRIMARY SCH	IOOL .	
Student's Name:		Date o	f Birth:	Grade:
Address:				
Medicare No:	Hea	Ith Insurance Name:	P	olicy No
MedicAlert Number (if re		Review date for this f	orm:	
Ambulance Cover: Yes		lo 🗆 Membersh	nip No:	
				nool hours, e.g. medication be taken before and after
Medication requi	red:			
Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg: orally/ topical/injection)	Dates
				Start date: / /
				End Date: / /
				Ungoing medication
				Start date: / /
				End Date: / /
				Ongoing medication
				Start date: / /
				End Date: / /
				Ongoing medication
				Start date: / /
				End Date: / /
				Ongoing medication

Idedication delivered to the school	Medication Storage Please indicate if there are s	pecific storage instructions for the medication:
asse ensure that medication delivered to the school: Is in its original package The pharmacy label matches the information included in this form. It is in its original package The pharmacy label matches the information included in this form. It is in the early years will generally need supervision of their medication and other aspects of health care management. In line wheir age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management hould follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner. Hease advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition or creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition or creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person, the summary of the summ	,	
asse ensure that medication delivered to the school: Is in its original package The pharmacy label matches the information included in this form. It is in its original package The pharmacy label matches the information included in this form. It is in the early years will generally need supervision of their medication and other aspects of health care management. In line wheir age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management hould follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner. Hease advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition or creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition or creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person, the summary of the summ		
asse ensure that medication delivered to the school: Is in its original package The pharmacy label matches the information included in this form. It is in its original package The pharmacy label matches the information included in this form. It is in the early years will generally need supervision of their medication and other aspects of health care management. In line wheir age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management hould follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner. Hease advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition or creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition or creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person, the summary of the summ		
asse ensure that medication delivered to the school: Is in its original package The pharmacy label matches the information included in this form. It is in its original package The pharmacy label matches the information included in this form. It is in the early years will generally need supervision of their medication and other aspects of health care management. In line wheir age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management hould follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner. Hease advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition or creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition or creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person, the summary of the summ		
asse ensure that medication delivered to the school: Is in its original package The pharmacy label matches the information included in this form. It is in its original package The pharmacy label matches the information included in this form. It is in the early years will generally need supervision of their medication and other aspects of health care management. In line wheir age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management hould follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner. Hease advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition or creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person's condition or creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: In it is person, the summary of the summ	Modication delivered	to the school
The pharmacy label matches the information included in this form. elf-management of medication tudents in the early years will generally need supervision of their medication and other aspects of health care management. In line wheir age and stage of development and capabilities, older students can take responsibility for their own health care. Self-managemen hould follow agreement by the student and his or her parents/cares, the school and the student's medical/health practitioner. It lease advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: International Company of the coordination of the student's behaviour following medication.		
The pharmacy label matches the information included in this form. elf-management of medication tudents in the early years will generally need supervision of their medication and other aspects of health care management. In line wheir age and stage of development and capabilities, older students can take responsibility for their own health care. Self-managemen hould follow agreement by the student and his or her parents/cares, the school and the student's medical/health practitioner. It lease advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: International Company of the coordination of the student's behaviour following medication.	Is in its original package	
tudents in the early years will generally need supervision of their medication and other aspects of health care management. In line we herir age and stage of development and capabilities, older students can take responsibility for their own health care. Self-managemen hould follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner. Hease advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: Continuor of the image of the image of the image of the self-management in the school staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a tudent's behaviour following medication. Privacy Statement Priv	IS III to original packag	
tudents in the early years will generally need supervision of their medication and other aspects of health care management. In line wheir age and stage of development and capabilities, older students can take responsibility for their own health care. Self-managemen hould follow agreement by the student and his or her parents/carers, the school and the student's medical/health practitioner. Bease advise if this person's condition creates any difficulties with self-management, for example, difficulty remembering to take nedication at a specified time or difficulties coordinating equipment: Conitoring effects of Medication	The pharmacy label ma	tches the information included in this form.
heir age and stage of development and capabilities, older students can take responsibility for their own health care. Self-managemen hould 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 nedication at a specified time or difficulties coordinating equipment: Conitoring effects of Medication	Self-management of	medication
Ionitoring effects of Medication Please note: School staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a tudent's behaviour following medication. Privacy Statement he school collects personal information so as the school can plan and support the health care needs of the student. Without the province information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff popropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropria where authorised or required by another law. You are able to request access to the personal information that we hold about you/your not to request that it be corrected. Please contact the school directly or FOI Unit on 96372670. AUTHORISATION Jame of Medical/ Health Practitioner: Professional Role: Medical Practitioner's Signature:	their age and stage of devel	opment and capabilities, older students can take responsibility for their own health care. Self-management
Please note: School staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a tudent's behaviour following medication. Invivacy Statement The school collects personal information so as the school can plan and support the health care needs of the student. Without the proving information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff propriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropria where authorised or required by another law. You are able to request access to the personal information that we hold about you/your not to request that it be corrected. Please contact the school directly or FOI Unit on 96372670. AUTHORISATION Jame of Medical/ Health Practitioner: Professional Role: Medical Practitioner's Signature:		
Please note: School staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a tudent's behaviour following medication. Invivacy Statement The school collects personal information so as the school can plan and support the health care needs of the student. Without the proving information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff propriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropria where authorised or required by another law. You are able to request access to the personal information that we hold about you/your not to request that it be corrected. Please contact the school directly or FOI Unit on 96372670. AUTHORISATION Jame of Medical/ Health Practitioner: Professional Role: Medical Practitioner's Signature:		
tudent's behaviour following medication. Trivacy Statement The school collects personal information so as the school can plan and support the health care needs of the student. Without the providing information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff propriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate authorised or required by another law. You are able to request access to the personal information that we hold about you/your not to request that it be corrected. Please contact the school directly or FOI Unit on 96372670. AUTHORISATION Jame of Medical/ Health Practitioner: Professional Role: Medical Practitioner's Signature:	Monitoring effects of	Medication
The school collects personal information so as the school can plan and support the health care needs of the student. Without the provides information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff ppropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate authorised or required by another law. You are able to request access to the personal information that we hold about you/your not to request that it be corrected. Please contact the school directly or FOI Unit on 96372670. AUTHORISATION Jame of Medical/ Health Practitioner: Professional Role: Medical Practitioner's Signature: Date:		
lame of Medical/ Health Practitioner: Professional Role: Medical Practitioner's Signature: Date:	this information the quality of appropriate medical personnal where authorised or require	of the health support provided may be affected. The information may be disclosed to relevant school staff an nel, including those engaged in providing health support as well as emergency personnel, where appropriate, d by another law. You are able to request access to the personal information that we hold about you/your ch
Professional Role: Medical Practitioner's Signature: Date:		AUTHORISATION
Medical Practitioner's Signature: Date:	Name of Medical/ H	lealth Practitioner:
Pate:	Professional Role:	
Pate:	Medical Practitione	r's Signature:
		3 Signature.
`ontact Details:	Date:	
oritade Dealion	Contact Details:	
lame of Parent/ Guardian/Mature Minor:	Name of Parent/ G	uardian/Mature Minor:
ignature:	Signature:	
)ate:	Date:	
ditional advice is required, please attach it to this form	additional advice is require	ed, please attach it to this form