



Medication Authority Form
for a student who requires medication whilst at school

This form is to be completed & returned to the Front Office by the student's Parent/Guardian, for all medication to be administered at Infant Jesus School.

Students with a Medical Action Plan provided by your Medical/Health Practitioner, are not required to complete this form, instructions and medication details are provided on your child's action plan.

| | |
|------------------------|--|
| Student Name | |
| Date of Birth | |
| Medical Concern | |
| | |

Medication to be Administered:

| Name of Medication | Dosage eg 5mls | Time/s to be administered | Reason for administering eg Earache/Tonsillitis | Dates |
|--|-------------------|---------------------------|--|--|
| | | | | Start Date:/...../..... End Date:/...../..... |
| Name of Doctor Prescribing Medication: | | | | <input type="checkbox"/> Ongoing Medication |
| | | | | Start Date:/...../..... End Date:/...../..... |
| Name of Doctor Prescribing Medication: | | | | <input type="checkbox"/> Ongoing Medication |
| | | | | Start Date:/...../..... End Date:/...../..... |
| Name of Doctor Prescribing Medication: | | | | <input type="checkbox"/> Ongoing Medication |

Medication Located (eg Office/Classroom/Other):

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| |
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| |

Medication Delivered to the School:

Please ensure that the medication described above is delivered to the school as described below:

| | |
|------|--|
| Tick | Medication is in its original package |
| Tick | The pharmacy label matches the information included in this form |

Tick applicable boxes

Authorisation

| | |
|-------------------------|--|
| Name of Parent/Guardian | |
| Signature | |
| Date | |

If additional information needs to be supplied to the school, please attach separately to this form.

Office Use Only

| | | |
|--------------------------------------|-------|-----------|
| Information has been recorded on AOS | Date: | Initials: |
| Medical File Updated | Date: | Initials: |

Record of Short-term Medication

| | | | |
|-------------|------|--------|----------|
| Date & Time | Date | Time/s | Initials |
| Date & Time | Date | Time/s | Initials |
| Date & Time | Date | Time/s | Initials |
| Date & Time | Date | Time/s | Initials |
| Date & Time | Date | Time/s | Initials |