

# Medication Authority Form

## St Paul Apostle South P.S.



MELBOURNE  
ARCHDIOCESE  
CATHOLIC SCHOOLS



St Paul Apostle South School

Established 1926

### Student Details

<b>Name of Student</b>	
<b>Date of Birth</b>	
<b>Date of medication to be administered at school</b>	

### Medication(s) to be administered at school

<b>Name of Medication</b>	
<b>Dosage (amount)</b>	
<b>Time/s to be taken</b>	
<b>How is it to be taken? (e.g. oral/topical/injection)</b>	
<b>Dates to be administered</b>	Start:  End:  <b>OR</b> <input type="checkbox"/> Ongoing medication
<b>Supervision required?</b>	<input type="checkbox"/> No student self- managing  <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer

## Medication taken to/stored at the school

Indicate if there are any specific storage instructions for any medication:

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### Important requirements for the medication to be administered:

*Ensure that medication taken to the school is in its original package with original labels. Please note School staff will seek emergency medical assistance if concerned about a student's condition following medication.*

**Please outline the reasons the administration of medication is required.**

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### Privacy Statement

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with **St Paul Apostle South P.S.** published Privacy Policy.

### Authorisation to administer medication in accordance with this form

<b>Parent Name</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Telephone</b>	