

# 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 St Jude's 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.*

<b>Student Name</b>	
<b>Date of Birth</b>	
<b>Medical Concern</b>	

Medication to be Administered:				
Name of Medication	Dosage Eg 5mls	Time/s to be administered	Reason for administering eg Earache/Tonsilitis	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

Medication Located (eg Office/Classroom/Other):

**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 in AOS	Date:	Initials:
Medical File Updated	Date:	Initials:

**Record of Short-term Medication**

Date & Time	Date	Time/s	Initials



*St Jude's Catholic Primary School is a compassionate and welcoming community.  
We centre our learning in Christ and strive to achieve excellence, as we affirm, nurture and develop the unique gifts of each child.*