



**St Joseph's School**

**1-3 Bridge Street  
Korumburra 3950**

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

All students for whom medication is to be administered at school, an up-to-date medication authority form must be completed. Any changes will require an updated form to be completed.

For chronic, or ongoing health conditions, a medical practitioner must review and sign this plan.

For those students with asthma, an Asthma Foundation's *School Asthma Action Plan* should be completed instead.

For those students with anaphylaxis, an ASCIA *Action Plan for Anaphylaxis* should be completed instead. These forms are available from the Australasian Society of Clinical Immunology and Allergy (ASCIA): <http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment>

For those students with Diabetes, a Diabetes Action Plan should be completed instead. [EDU-130-SCHOOL-ActManPlan-MDI-2026-V7F.pdf](#)

For all other chronic health conditions, a separate medical action plan may be required.

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

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Class: \_\_\_\_\_

Medic Alert Number (if relevant): \_\_\_\_\_

Condition requiring medication, e.g. ADHD \_\_\_\_\_

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

#### 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 delivered to the school:

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

#### 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.

<b>Authorisation:</b>
<b>Name of Medical/health practitioner:</b>
Professional Role:
Signature:
Date:
Contact details:
<b>Name of Parent/Carer or Guardian</b>
Signature:
Date:

If additional advice is required, please attach to this form.