Medication Authority Form

Please complete and hand in with any medications to Reception

Packing Requirements

Any medication to be administered at school MUST:

- ✓ Be in its original package
- ✓ Have a pharmacy label that matches the information included in this form (prescription medication only)

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 the Department of Education and Training's privacy policy which applies to all government schools (available at: http://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx) and the law.

Student Details

Name of student:			
Date of Birth:		**Dates:**	

Medication to be administered on camp

Name of Medication	Dosage *(amount)*	Date & Time/s to be taken	How is it to be taken? (e.g. oral / topical / injection)	Storage requirements	Supervision required
					☐ observe ☐ assist ☐ administer
					☐ observe ☐ assist ☐ administer
					☐ observe ☐ assist ☐ administer
					☐ observe ☐ assist ☐ administer

Authorisation to administer medication in accordance with this form:			
Name of student:			
Name of parent/carer:			
Signature:		**Date:**	
Contact details:			

ST JOHNS COLLEGE STAFF USE ONLY

LOG OF MEDICATION ADMINISTRATION

Medication	Date	Time	Tick when checked ✓			Comments	Staff member administering *(print name and initial)*
			Correct Child	Correct Medication	Correct Dose		