



Reaching Higher

Mentone Park Primary School

Medication Authority Form

for a student who requires medication whilst at school/camp

Student's Name: _____ Date of Birth: _____

MedicAlert Number (if relevant): _____

Please Note: wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

Medication required:

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally/topical/injection)	Dates	Signature/ name of staff administering 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:

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.

Emergency Contacts

Parent/ Guardian Name: _____

Phone: _____

Medical Practitioner's Name: _____ Phone: _____

I hereby give consent that this medication to be administered to my child, as I have authorised here.

I further consent that medical attention be sought for my child, should it be deemed necessary.

Signature Of Parent/ Guardian: _____ Date: _____