



KEILOR VIEWS PRIMARY

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Medication Authority Form

for a student who requires medication whilst at school

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.

Student's Name _____ Grade _____

Medication required:

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg orally, etc)	Dates
				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.

Monitoring effects of Medication

Please note: School staff **do not** monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

Authorisation

Name of Parent/Carer _____

Signature _____ Date _____