



**Werribee**  
Primary School

# Medication Authority Form

## for a student who requires medication whilst at school

This form should be completed ideally by the student’s medical/health practitioner, for all medication to be administered at school. 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 section 4.5 *Student Health* in the Victorian Government School Reference Guide: [www.education.vic.gov.au/referenceguide](http://www.education.vic.gov.au/referenceguide). Please only complete those sections in this form which are relevant to the student’s health support needs.

Name of School: **Werribee Primary School**

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

MedicAlert Number (if relevant): \_\_\_\_\_ Review date for this form: \_\_\_\_\_

**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
				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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