

MEDICATION AUTHORITY FORM



This form is updated as required to reflect details of medication to be administered at Emmaus College and should be read in association with the student's Medical Management Plan.

Student Details

Student's name:

Date of Birth:

Date of medical management plan:

MedicAlert Number (if applicable):

Date of medication authority form:

Medications to be administered at the College

| Name of Medication | Dose | Time to be administered | How is it to be taken | Dates to be administered | Supervision |
|--------------------|------|-------------------------|-----------------------|--------------------------|--|
| | | | | Start Date | <input type="checkbox"/> No student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer |
| | | | | End Date | |
| | | | | Ongoing | |
| | | | | Start Date | <input type="checkbox"/> No student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer |
| | | | | End Date | |
| | | | | Ongoing | |
| | | | | Start Date | <input type="checkbox"/> No student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer |
| | | | | End Date | |
| | | | | Ongoing | |

Medication to be taken/stored the College

Indicate if there are any specific storage instructions for any medication:

Ensure that medication taken to the College is in its original package with original labels. Please note College staff will seek emergency medical assistance if concerned about a student's condition following medication.

Please outline the reasons the administration of medication is required. This should be supported by a Medical Management Plan for ongoing medical conditions or letter from the child's treating health practitioner:

Authorisation to administer medication in accordance with this form

Parent / Guardian Name

Parent / Guardian Name

Signature:

Signature:

Date:

Date:

Health Practitioner Name:

Health Practitioner

Practice Name:

Signature:

Contact Phone:

Contact Email:

AHPRA Registration:

Patent URL number:

Date:

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 Emmaus College published Privacy Policy.

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| Responsible director | Director of Learning and Regional Services |
| Policy owner | General Manager, Learning Diversity |
| Approving authority | Director, Learning and Regional Services |
| Approval date | 14 September 2022 |
| Date of next review | April 2023 |