KARINGAL PRIMARY SCHOOL

Phone: 9789 4800
Email: karingal.ps@education.vic.gov.au
Mallum Avenue, Frankston 3199
PO Box 6112, Frankston 3199

Medication Authority Form

For Students Requiring Medication at School

This form should be completed by the student's medical/health practitioner for all medication required to be administered at school. Please complete only the sections relevant to the student's health support needs.

Student Details

Student Name		Date of Birth	
Year Level		Class	
MedicAlert Number		Review Date	

Please Note: Wherever possible, medication should be scheduled outside school hours.

Medication Details

Medication Name	Dosage	Time/s Required	Method of Administration	Start Date	End Date / Ongoing
					☐ Ongoing
					☐ Ongoing
					☐ Ongoing
					☐ Ongoing

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Special Administration Instructions

Medication Storage Requirements

Medication Delivered to School

- ☐ Medication supplied in original packaging
- ☐ Pharmacy label matches information provided on this form

Monitoring Effects of Medication

School staff do not monitor the effects of medication and will seek emergency medical assistance if concerned about a student's condition following medication administration.

Privacy Statement

The school collects personal information to support the student's health care needs. Information may be shared with relevant school staff, medical personnel and emergency services where required.

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Medical / Health Practitioner Authorisation

Name	
Professional Role	
Organisation / Practice	
Contact Number	

Additional Medical Advice

Signature _____ Date ____/ ____/ _____

Parent / Carer Authorisation

Parent / Carer Name	
Contact Number	

Signature _____ Date ____/ ____/ _____

Attachments

- ☐ Additional medical advice attached
- ☐ Medication management plan attached
- ☐ Other supporting documentation attached