



Penola Catholic College Medication Authority Form



This form is to be completed where parents/carers request that a student is administered medication at school or during a school activity. The principal or their delegate must approve all ongoing and regular administration of medication (over the counter or prescription) by the school and in most cases, medication must not be administered to a child being educated and cared for unless this form is signed by an AHPRA registered medical practitioner or pharmacist.

The principal or delegate may agree to proceed with the authority of parent/guardian/carer signature without the authority of an AHPRA registered medical practitioner or pharmacist. This would only occur in rare cases, for example, short term (1-2 days) administration of over-the-counter medication at school or on off-site activities such as camps. No medication will be administered beyond the instruction on the original packaging unless recommended by an AHPRA registered medical practitioner or pharmacist.

Schools require written permission for students to self-administer their medication from parents/guardians, in consultation with registered medical or health practitioners to determine appropriate age and situation under which the student can self-administer their medication.

Parents/carers must ensure that medication brought to the school is in its original package with original labels. Please note, school staff will seek emergency medical assistance if there are concerns about a student’s condition following the administration of medication.

Student details

Name of student				Date of birth	
Date of Medical Management Plan (if relevant)		MedicAlert Number (if applicable)		Date for Medication Authority Form	

Requirement for medication to be administered at school/school activity

Please outline the reasons for the administration of medication at school. For ongoing medical conditions, this should generally be supported by a Medical Management Plan or a letter from the student’s treating health practitioner (e.g. diagnosis of ADHD requiring administration of Ritalin at school) (see the school’s Medical Management Policy for further information).

For short term use or once off (1-2 days), please also describe the reasons for administration of medication at school/school activity.

Medication to be administered at school/school activity

Name of Medication	Dates to be administered <input type="checkbox"/> Ongoing <input type="checkbox"/> Short term Start: End	Time/s to be taken	Dosage	Method (e.g. topical, oral, injected)
Name of Medication	Dates to be administered <input type="checkbox"/> Ongoing <input type="checkbox"/> Short term Start: End	Time/s to be taken	Dosage	Method (e.g. topical, oral, injected)
Name of Medication	Dates to be administered <input type="checkbox"/> Ongoing <input type="checkbox"/> Short term Start: End	Time/s to be taken	Dosage	Method (e.g. topical, oral, injected)

Medication taken to / stored at the school/school activity – Storage requirements

Indicate if there are any specific storage instructions for any of the required medications:

Authorisation to administer medication in accordance with this form

Parent/Guardian/Carer 1 Name		Parent/Guardian/Carer 2 Name	
Signature		Signature	
Date		Date	

Please have an AHPRA registered medical practitioner or pharmacist complete the following section for ongoing use of prescription and/or over the counter medication

Practitioner name			
Name of health practice			
Address			
Telephone		Email	
AHPRA registration number		Patient URL number	
Signature		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 Penola Catholic College published Privacy Policy.

Approval authority	Director, Learning and Regional Services
Approval date	17 August 2023
Next review	April 2025