



MEDICATION AUTHORITY FORM

For a student who requires medication at school

This form is to be completed by the student's medical practitioner for all medication to be administered at school. **All Medication Authority forms MUST be signed by a Medical Practitioner in order to be compliant. This form MUST be completed for both prescription & 'over the counter' medications.**

Please only complete those sections in this form which are relevant to the student's health support needs.

Name of School: **RED HILL CONSOLIDATED SCHOOL**

Student's Name: _____ Date of Birth: _____

Parent/Carer Name: _____ Parent Signature: _____

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	Dosage	Time	Date:

Additional Instructions: How is it to be taken? Storage?

Medical Practitioner Name: _____

Medical Practitioner Signature: _____