

MEDICATION AUTHORITY FORM

For students requiring medication to be administered at Skillinvest

This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at Skillinvest but Skillinvest may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.

- For students with asthma, [Asthma Australia's School Asthma Care Plan](#)
- For students with anaphylaxis, an [ASCI Action Plan for Anaphylaxis](#)

Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.

Please note wherever possible, medication should be scheduled outside Skillinvest hours, e.g. medication required three times daily is generally not required during a typical day at Skillinvest – where possible it should be taken before and after Skillinvest attendance and before bed.

Student Details

Name of student: _____ Date of Birth: _____

MediAlert Number (if relevant): _____

Review date for this form: _____

Medication to be administered at Skillinvest:

Name of Medication	Dosage (amount)	Time/s to be taken	How is it to be taken? (eg oral/topical/injection)	Dates to be administered	Supervision required
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<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
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<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
				Start: / / End: / / OR <input type="checkbox"/> Ongoing medication	<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

Storage requirements

Please indicate if there are any specific storage instructions for any medication:

If the medication requires specific temperature requirements how will this be catered for on planned activities/camps/excursions?

Medication brought to Skillinvest

Please ensure that medication brought to Skillinvest:

- Is in its original package
 - The pharmacy label matches the information included in this form
- ** Please note all medications are to be taken home at the end of the day.

Supervision required

It is expected that students at Skillinvest are of age to be able to take responsibility for their own health care. Self-management should be agreed to by the student and their parents/carers, Skillinvest and the student's medical/health practitioner.

However, Skillinvest is aware that there are occasions or circumstances where assistance with administration of medicine may be required. If this is deemed to be the case, please describe what supervision or assistance is required by the student when taking medication at Skillinvest (e.g. remind, observe, assist or administer):

Monitoring effects of medication

Please note: Skillinvest staff **do not** monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following medication.

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 Skillinvest's Privacy Policy and that is available on Skillinvest's website: www.skillinvest.com.au

Authorisation to administer medication in accordance with this form:

Name of parent/carer: _____

Signature: _____ Date: _____

Name of medical/health practitioner: _____

Professional role: _____

Signature: _____ Date: _____

Contact details: _____