



# DONVALE PRIMARY SCHOOL

## Medication Authority Form for a student who requires medication whilst at school

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

**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 (amount)	Time/s to be taken	
			Start date:    /    / End Date:    /    / <input type="checkbox"/> Ongoing medication

### Medication Storage

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

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### Medication delivered to the school

Please ensure that medication delivered to the school:

- Is in its original package
- The pharmacy label matches the information included in this form.

### Monitoring effects of Medication

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