



MEDICATION AUTHORITY FORM

For students requiring medication to be administered whilst on a school camp

Name of student: _____ Date of Birth: _____

Medication to be administered:

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

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

Please ensure that medication is delivered to the school at least one day prior to the camp and;

- ☐ Is in its original package
- ☐ The pharmacy label matches the information included in this form
- ☐ In a sealed zip lock bag, with this Medication Authority Form in the bag.

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.

Authorisation to administer medication in accordance with this form:

Name of parent/carer: _____

Contact details: _____

Signature: _____ Date: _____