



MACARTHUR ANGLICAN SCHOOL

Established traditions, proven success!

MEDICATION AUTHORITY FORM

NOTE: All medication must be in the original packaging. If prescribed, it must be labelled with the correct pharmaceutical label (ie correct name and dosage).

STUDENT DETAILS

First Name:	Surname:	Grade:
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MEDICATION PROVIDED BY PARENT/CARER

Medication name:	
Reason for medication:	
Dose to be given:	Last dose given:
Time to be given:	
Specific instructions:	
Medication use: <input type="checkbox"/> Short term – up to 1 month <input type="checkbox"/> Current school year	

MEDICATION PRESCRIBED BY

Name of prescribing Doctor:	Date prescribed:
or <input type="checkbox"/> Medication initiated by Parent/Carer	or <input type="checkbox"/> Medication initiated by Pharmacist

MEDICATION STORAGE

Medication to be stored in clinic: <input type="checkbox"/> fridge or <input type="checkbox"/> cupboard	
After school, medication will be:	<input type="checkbox"/> Left in clinic
	<input type="checkbox"/> Collected by parent or student
	<input type="checkbox"/> Sent to After School Care

SIGNED CONSENT

I understand that Macarthur Anglican School accepts no responsibility for any complications arising from the administration of medication, for which I have given authority to be given on my behalf. I release the School from and will indemnify the School in respect to any claim my child may have against the School out of complications suffered by my child as a result of such administration of medication. I understand it is the responsibility of the Parent/Carer to advise the School when the medication is no longer to be given.

Parent/Carer signature:

Date: