



# MEDICATION AUTHORITY & RECORD FORM

This form should be completed by the parent/guardian or the treating medical practitioner for medication to be administered during School hours. Wherever possible, medication should be scheduled outside regular school hours. For students with asthma and/ or anaphylaxis, the relevant Action Plan on CareMonkey should be completed instead.

<b>Student's Name</b>		<b>Date of Birth</b>	
<b>Date form completed:</b>		<b>Review date (if required)</b>	

To be completed by the Parent/Guardian or Medical Practitioner								
Name of Medication	Last administered		To be administered			Dosage	Method of administration	Storage requirements
	Time	Date	Time(s)	Date From	Date To or Ongoing			

## Parent/ Guardian or Medical Practitioner Authorisation

- I authorise Shelford staff to administer the medications listed above; and
- The medication listed above has been delivered to Shelford in its original package; and
- The pharmacy label matches the information included in the table above; and
- I understand that Shelford staff **do not** monitor the effects of medication, and Shelford staff will seek emergency medical assistance if concerned about a student's symptoms or behaviour following the administration of medication.

<b>Parent/ Guardian Name or Medical Practitioner Name</b>	
<b>Date</b>	
<b>Signature</b>	

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## Administration of Medication Record

To be completed by Shelford staff when the medication is administered (or record administration of medication in Synergetic under student's 'medical' tab).								
Name of medication administered	Dosage		Method	Name of staff administering	Signature of staff administering	Name of witness	Signature of witness	Parent/Guardian notified
	Time	Date						

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