



# Macarthur Anglican School

## 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/Year:

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	
<p>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.</p>	
Parent/Carer signature:	Date: