This form should be completed ideally by the student’s medical/health practitioner, for all medication to be administered at school. For those students with asthma, an Asthma Foundation’s School Asthma Action Plan should be completed instead. For those students with anaphylaxis, an ASCIA Action Plan for Anaphylaxis should be completed instead. These forms are available from the Australasian Society of Clinical Immunology and Allergy (ASCIA): [http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment](http://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment).

Please only complete those sections in this form which are relevant to the student’s health support needs.

Student’s Name: __________________________ Date of Birth: ________________

MedicAlert Number (if relevant): __________________________ Class: _____________

**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:

<table>
<thead>
<tr>
<th>Name of Medication/s</th>
<th>Dosage (amount)</th>
<th>Time/s to be taken</th>
<th>How is it to be taken? (eg orally/ topical)</th>
<th>Dates</th>
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</table>

**Medication Storage**

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

________________________________________________________________________________________________________________________________________

**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.

**Authorisation:**

Name of Parent/Carer: .......................................................... School Hours Contact Number: ..........................................................

Signature: ........................................................................ Date: ........................................................................

If additional advice is required, please attach it to this form