

# MEDICINE AUTHORITY FORM



Student's name: \_\_\_\_\_

Studio teacher: \_\_\_\_\_

Studio/Year: \_\_\_\_\_ Date: \_\_\_\_\_

Time(s) and days when medicine is given: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Details of medication i.e quantity, length of time, with food etc \_\_\_\_\_

Name of prescribing doctor \_\_\_\_\_

## I accept responsibility for:

- the decision to give this medication to my child, and acknowledge that the school is in no way responsible for that decision, now or in the future
- notifying the school about any changes in dosage, time, or procedures, by filling out a new Medicine Authority form
- delivering the medication personally to school
- ensuring that the medicine is not past its expiry date.

## I accept that the school:

- may not have a trained medical officer to administer medications
- cannot guarantee that medication will be given at a precise time or by the same person
- will dispose of any uncollected/expired medicine at the end of the year.

Parent/guardian's name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Administration:

Update HERO - Medical/Dietary>Add Medical Condition: \_\_\_\_ + Add Medication: \_\_\_\_ + Stock: \_\_\_\_ + Times: \_\_\_\_

Scan/File Medical Form in HERO - ...>Medical Information: \_\_\_\_

In HERO - ...>Pastoral Care>add brief basic note of medical so the teacher is aware: \_\_\_\_

Update Emergency folder > MEDICAL LIST: \_\_\_\_

*If Applicable;*

Make up a tub: \_\_\_\_

Add alarm to the phone: \_\_\_\_

Action Plan: : \_\_\_\_

Update Tech list: \_\_\_\_