

MEDICATION AUTHORITY FORM

For children or young people requiring medication to be administered

This form should, ideally, be signed by the child's medical practitioner for **all** medication to be administered at parish, agency or entity programs and activities. Parishes, agencies and entities may proceed on the signed authority of parents/carers in the absence of a signature from a medical practitioner.

- For children or young people with asthma, [Asthma Australia's Asthma Action Plan](#)
- For children or young people with anaphylaxis, an [ASCIA Action Plan for Anaphylaxis](#)

Please only complete the sections below that are relevant to the child/young person's health support needs. If additional advice is required, please attach it to this form.

Please note: wherever possible, medication should be scheduled outside of the program/activity hours.

Child or Young Person's Details

Name of parish, agency or entity: Corio Lara Catholic Parish

Name of child/young persons:

Date of Birth:

MedicAlert Number (if relevant):

Authorisation to administer medication in accordance with this form:

Name of parent/carer:

Signature:

Date:

Name of medical/health practitioner:

Professional role:

Signature:

Date:

Contact details:

Medication to be administered:

| Name of Medication | Dosage (amount) | Time/s to be taken | How is it to be taken? (eg oral/topical/injection) | Dates to be administered | Supervision required |
|--------------------|-----------------|--------------------|--|--|--|
| | | | | Start: / / End: / / OR <input type="checkbox"/> Ongoing medication | <input type="checkbox"/> No - self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer |
| | | | | Start: / / End: / / OR <input type="checkbox"/> Ongoing medication | <input type="checkbox"/> No – self-managing <input type="checkbox"/> Yes <input type="checkbox"/> remind <input type="checkbox"/> observe <input type="checkbox"/> assist <input type="checkbox"/> administer |

Storage of medication

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

Medication labelling

Please ensure that medication delivered to the parish, agency or entity:

- Is in its original package
- The pharmacy label matches the information included in this form
- Is within its expiry date
- Is clearly labelled with the name of the child/young person.

Supervision required

Children in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older children and young people can take responsibility for their own health care. Self-management should be agreed to by the child/young person and their parents/carers, the parish, agency or entity and the child/young person's medical/health practitioner.

Please describe what supervision or assistance is required by the child/young person when taking medication at the parish, agency or entity (e.g. remind, observe, assist or administer):

Monitoring effects of medication

Please note: Church personnel will seek emergency medical assistance if concerned about a child/young person's behaviour following medication.

Privacy Statement

We collect personal and health information to plan for and support the health care needs of our children/young people. Information collected will be used and disclosed in accordance with the Catholic Archdiocese of Melbourne's privacy policy which applies to all Catholic Archdiocese of Melbourne's parishes, agencies and entities (available at: <https://melbournecatholic.org/privacy-policy>).