



MASTERY  
SCHOOLS  
VICTORIA  
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# MEDICATION CONSENT FORM

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2025

For medical authorisation must be provided. This authorisation must specify the student's name, the medication to be administered, and the dosage. The medication must also be in its original container with the label intact.

Acceptable forms of medical authorisation include:

- A pharmacy label with the student's name and the health practitioner's name.
- A signed letter from the student's doctor.
- A medication order from the student's dentist.
- An action plan for a specific health condition, signed by a doctor or nurse practitioner.

Examples of health conditions, medications, and associated documentation:

Health condition/ reason for medication	Example of medication	Documentation required by prescribing health practitioner
Asthma	Asthma puffer	Asthma action plan / Medication consent form
Anaphylaxis	EpiPen	Anaphylaxis Action Plan / Medication consent form
Diabetes	Insulin	Diabetes action plan / Medication consent form
Seizures	Midazolam	Seizure action plan / Medication consent form
Medication required 'short term'	Antibiotics	- Completed pharmacy label - Medication consent form
Changes to dosage (e.g., from ½ to 1 tablet)	Ritalin	Written instructions from prescribing health practitioner Medication consent form

**To request that the school administer medication to a student.**

- a. Complete "Medication consent form" section.
- b. Provide the school with the medication in the original container with intact packaging.
- c. Provide the written medical authorisation (e.g., completed pharmacy label, medication order, action plan) completed and signed by the prescribing health practitioner.
- d. Make an appointment with the principal/delegate if:
  - the student requires medication as an emergency response.
  - you would like the student to self-administer their medication.
  - the student has complex health support needs or requires other support strategies; or
  - you have any concerns about the student's health which may affect their schooling.

# Medication Consent Form

Complete all the section below:

Note: This form is for one (1) medication. Please complete the form again for additional medication.

<b>Student Name</b>		
<b>Parent/Guardian Name</b>		
<b>Allergies</b>		
I consent to the following medication being administered (as per the instructions on the pharmacy label and/or any additional written instructions) to the student named above during school or school-related activities		
<b>Name of Medication</b>		
<p><b>Important Notice:</b> <i>The school cannot dispense medication to a student unless all the following conditions are met.</i></p> <p><b>I confirm that the medication provided to the school (as listed above):</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> is medically authorised.</li> <li><input type="radio"/> is in the original dispensed container with intact packaging.</li> <li><input type="radio"/> at the time of writing, how many tablets have been provided to the school _____</li> <li><input type="radio"/> has the student's and doctor's names on the pharmacy label (<b><i>if there is no other written evidence of medical authorisation</i></b>)</li> <li><input type="radio"/> is current/in-date (<b>The expiry date of the medication is __/__/_____</b>).</li> </ul>		
<b>Medication instructions</b>		
<b>Times</b>	Administer at: __: __ am/pm & __: __ am/pm. <b>on the following days: (circle as required)</b> Monday / Tuesday / Wednesday / Thursday / Friday	
<b>Dates</b>	Start date: __/__/_____ End date: __/__/_____ On going	
<b>Dose e.g (1/2 tab)</b>		
<b>Route of medication</b>	Taken with food    Needs to be chewed    Taken with water	
<b>Action plan provided</b>	Asthma    Anaphylaxis    Diabetes    Seizures    Other	
<b>Parent/Guardian signature</b>		<b>Date</b>

**Self-administration of medication (if required).**

At all times, the Principal or Assistant Principal must approve student self-administration of medication for health and/or safety reasons. This excludes asthma inhalers.

Families are required to complete the below form if self-administration of medication is required.

<b>Student name</b>		<b>Date of Birth</b>	
<ul style="list-style-type: none"> <li>• I confirm that the student is confident, competent and can safely administer the right dose of their own medication at the right times.</li> <li>• I confirm that the student can store their medication securely.</li> </ul> <p>I authorise school staff to contact the prescribing health practitioner, health team or pharmacist for the purpose of seeking specific advice or clarification on the administration of this medication by this student.</p>			
<b>Health condition</b>	I seek approval from the principal/delegate for the student to self-administer:		
• Asthma	• their asthma medication ( <b><i>following a current action plan/health plan</i></b> )		
• Anaphylaxis	• their adrenaline auto-injector ( <b><i>following a current action plan/health plan</i></b> )		
• Diabetes	• their medication ( <b><i>following a current health plan</i></b> )		
• Other	• their medication ( <b><i>following a current health plan</i></b> )		
<b>Parent/Guardian signature</b>		<b>Date</b>	
<b>Principal / AP Name</b>		<b>Approved</b>	<b>Yes    No</b>
<b>Principal / AP signature</b>		<b>Date</b>	

# Student Record of Medical Condition

I, ....., confirm the following information about my child,  
 ....., is correct, complete, and up-to-date.

<b>Medical Condition:</b>	
<b>Medication at School required?</b>	Yes / No Refer to Medication Consent Form above in addition to Asthma or Anaphylaxis Plans.
<b>When parent to be contacted:</b>	
<b>Any other details:</b>	