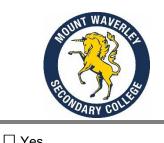
Mount Waverley Secondary College Medication Authority Form

for student who requires medication whilst at school

Junior School Nurse Email: jsnurse@mwsc.vic.edu.au
Senior School Nurse Email: mssnurse@mwsc.vic.edu.au
mssnurse@mwsc.vic.edu.au



If yes, please h the me	ave your edication	medical or hea	alth practi d route	r health practit itioner complete ing ongoing or s	the form		☐ Yes provide written	advice which	indi	cates:
Student's Nan	ne:									
Student's MW	de:	Date of Birth								
Medication Required										
Name of Med	dication	Dosaç (amour		Time/ to be ta	s		it is taken opical /injection)	Dates		
								Start date:	/	/
								End Date:	1	1
								☐ Ongoing		
								Start date:	1	/
								End Date:	/	/
								☐ Ongoing		
								Start date:	1	/
								End Date:	1	1
								☐ Ongoing		
□ is in its orig	inal packa			he school is:	form					
Medication s			Jillation	Included in this	101111					
Please indica	te if there	are specific st	orage ins	tructions for the	above me	edication				
		er the Counte	r' Medica	ation						
Name of pare adult/mature	or									
Date		Signatur	е							
		scribed Medic	ation							
Name of med practitioner	1									
Professional i										
Contact detai	ls									
Date		Signatur	е				Review Date			

If additional advice is required, (eg dose will vary within a specific range) please attach it to this form.

RECORD OF MEDICATION ADMINISTRATION (STAFF USE ONLY) Staff are to complete this form every time they administer prescribed or Schedule 8 medications

Student's Name:						Student Code: Date of Birth:						
Date	Time	Medication	Reason e.g. Headache, Menstrual, Scheduled Medication	Dose	Correct Child	Correct Medication	Correct Dose	Correct Route e.g. oral, topical, inhaled	Medication Remaining To be completed for Prescription & Schedule 8 meds	Staff Member Administering Print Name and Initials	Staff Member Checking* Prescription or Schedule 8 meds Print Name and Initials	
1/1/25	EXAMPLE: 1/1/25 9am Paracetamol		Ritalin	2 tablets, 10mg	√	$\sqrt{}$	$\sqrt{}$	V	12	Eliza Dolittle DEJ	Bluey Healer BHL	

^{*}Registered Nurses may administer prescription and scheduled medications alone; all other staff are to 'Cross-Check' with another staff member. This is an appropriate added safety measure and is seen as good practice.