

OFFICE USE ONLY

Copies to: -	Principal	Medication Container	Medication Register (Original Copy)	Classroom Teacher (Pupil File)	Home	DP
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Student details on SMS – date completed:

PARENT REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

**MEDICATION EXPIRY DATE:
(READ SECTION 2)**

SECTION 1

Date of request:	EMERGENCY PROCEDURE LISTED AT SCHOOL: YES / NO (circle)
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I/We request that my child (PRINT NAME): of Room Level be given: <p style="text-align: right;">(PRINT name of medication to be administered)</p>
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State occasions or times medication to be administered:

Dosage of medication: (State amount on occasion to be taken)

State how the medication is to be administered: (Oral or other)

Additional instructions:

Parent/Caregiver signature:

SECTION 2

1. I/We, the parents/caregiver accept that the school does not have a trained medical officer to administer medications.
2. I/We accept responsibility for the decision to give this medication to my/our child and acknowledge that the school is in no way responsible for that decision.
3. I/We also accept that the school cannot guarantee that the same person will give medication, at a precise time. (If parents wish to guarantee the time, then they need to make their own arrangements for administering medication and the school must approve these arrangements.)

4. I/We will **notify the school about any changes** in dosage, time or procedures by filling out a new request form.
5. **PLEASE NOTE:** I/We will **notify the school of any changes** in the medical status of our child or of any event which has affected the level of intervention needed to keep our child safe at school, (i.e. recent anaphylactic shock event.)
6. Parents/Caregivers are requested to deliver the medication personally to school or make arrangements for the safe delivery of medication to school. **The school must approve these arrangements.**
7. **PLEASE NOTE:** All medication is to be collected by a parent or caregiver at the end of the school year. Medication **WILL NOT BE GIVEN TO STUDENTS TO TAKE HOME.** All medication that is not collected by the parent/caregiver at the end of the year will be disposed of.
8. I/We the parents/caregiver accept responsibility that **medication to be used at the school is not past its used by date.** **PLEASE NOTE:** Medication that is out of date **WILL NOT BE ADMINISTERED.**
9. I/We the parents/caregivers accept responsibility of keeping the school informed of a student's current medical needs.
10. Medication, if to be held at the school, will be in a prescription container with issuing instructions.
11. The Board of Trustees may request a medical certificate covering; **a)** extent of condition and, **b)** verifying medication or, **c)** contact be made by the student's GP to the Principal, to verify medication and procedures.

Parent/caregiver signature(s)	Date:
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PLEASE NOTE: a new 'Parent Request For School To Administer Medication' advice form shall be completed by parents/caregivers at the beginning of each school year, when there is a change in the medication or medication dosage and or medication procedure. **DO NOT CROSS OUT AND CHANGE ENTRIES ON THIS FORM. A NEW FORM MUST BE COMPLETED.**