

PARENT/CAREGIVER REQUEST FOR DRURY SCHOOL TO ADMINISTER MEDICATION.

I/We request that: (Child's name) _____ of
(address) _____ be given
medication at Drury School.

1. I/We 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 the school is in no way responsible for that decision.
3. I/We also accept that the school cannot guarantee that the medication will be given at a precise time or by the same person although every endeavour will be made to do so.
4. I/We will notify the school about any changes to dose - and recommended time when medication is to be given, and fill out a new request form.
5. I/We will remove medication for disposal when no longer required at school.

Name of Medication: _____

Dosage and time to be given at school: _____

Expiry date of medication (on container): _____

Date when medication to finish: _____

Special storage requirements, ie in fridge etc: _____

Any side effects of medication: _____

Name and phone number of GP
or specialist (if applicable): _____

Parent or guardian phone number
during school hours: _____

After hours: _____

Emergency Contact number: _____

Signed: Full name: _____

Relationship to Child: _____

Date: _____