MEDICATION DURING SCHOOL HOURS

At times it is necessary for children under doctor’s instructions to take medication during school hours. We are aware of this need and are willing to assist you in this situation. However, for the safety of the child, it is of utmost importance that the following form be completed in full. Administrative staff at a centralised location in the Administration Block will administer all medication. Thanking you for your co-operation.

Principal

PERMANENT MEDICATION - ONE YEAR

CHILD’S NAME: _______________________________ CLASS: _________ DATE: ___/___/___
PARENT/CAREGIVER: ________________________________________________________________
PHONE NUMBER IF CONTACT IS NECESSARY: _________________________
ALTERNATIVE PHONE NUMBER: _______________________

DOCTOR’S INSTRUCTIONS

PERIOD OF MEDICATION – ____________________________

NAME OF DRUG/MEDICATION_________________________ DOSAGE: ______________

TIME OF DAY MEDICATION IS TO BE ADMINISTERED ________ am ________ pm.

PLEASE NOTE:

CONTAINER MUST BE THE ORIGINALLY DISPENSED CONTAINER, WHICH IS LABELLED WITH THE CHILD’S NAME, DOSAGE AND INSTRUCTIONS FOR DISPENSING. PLEASE SUPPLY A MEASURING CUP.

WHILE STAFF MEMBERS ARE PREPARED TO ASSIST IN THIS MATTER, THE ULTIMATE RESPONSIBILITY RESTS WITH THE PARENT.

Signature______________________________ (Parent/Caregiver)