SERVICE BEFORE SELF

Parent or Caregivers Request for Howick Primary School To Administer Medication

I/We request that (child's name) ____

of (address) ____

be given medication at Howick Primary School.

1. 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.

2. I/We accept that the school cannot guarantee that the medication will be given at the precise time or by the same person, although every endeavour will be made to do so.

3. 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.

4. I/We recognize that the medication is given at my/our request and that any future effects on my/our child is not now, or at any time in the future, the school's responsibility.

5. I/We will recognize that the responsibility to provide the school with a weekly supply of medication is mine/ours.

Name of Medication: ____

Dosage and time to be given at school: ____

Other directions: ____

Expiry date of medication on container: _______________________________________

Date when medication is to finish: ____

Special storage requirements: ____

Any side effects of the medication: ____

Name and phone number of GP or specialist: ___________________________________

____

Parent/caregiver's phone number during school hours: __________________________

Emergency contact: ____

PARENT OR CAREGIVER'S FULL NAME: ______________________________

Signed: ______________________________

Date: ______________________________

ADMINISTRATIVE ASSISTANT'S NAME: ______________________________

Signed: ______________________________

Date: ______________________________

SECRETARY'S NAME: ______________________________

Signed: ______________________________

Date: ______________________________

OFFICE ADMINISTRATOR'S NAME: ______________________________

Signed: ______________________________

Date: ______________________________

Approved: ______________________________

PRINCIPAL