**Parents or carers request and agreement for school to supervise student administering their own medication.**

It is preferable, unless avoidable, due to the nature of the medical condition or illness, for students to have their medication before arriving to school, as soon as they return home from school or in the evening, depending on the interval required in between.

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| **Child’s name:** |  |
| **Year/Form:** |  |
| **Date of birth:** |  |

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| What is the medication required for? (please provide details) |
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| **DETAILS OF MEDICATION** | |
| Name of medication prescribed: |  |
| Course start date: |  |
| Course end date: |  |
| Dosage: |  |
| Full direction of use: |  |
| Times to be taken in school: |  |
| Possible side effects (please list): |  |
| Special Precautions (if necessary): |  |

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| **EMERGENCY CONTACTS** | |
| Name of emergency contact: |  |
| Emergency contact telephone number: |  |
| Relationship to student: |  |

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| **PARENTAL/CARER RESPONSIBILITY** |
| * Parents or carer are to understand that staff do not administer students’ medications, the student is to administer their medication themselves with the supervision of staff. * Parents or carers are to understand that students are not to carry medication on themselves at any time during the school day. Medication must be stored in the relevant office. * Parents or carers must supply their child’s medication in the original packaging and fully labelled by a pharmacy with the information leaflet. * Parents or carers accepts their child has a responsibility to remember to take their medication on time and that they will not be prompted by school staff. * Parents or carers are responsible for replacing medications when necessary. * Parents or carers accepts responsibility for advising the school immediately of any change in treatment prescribes by any doctor or hospital. * Parents or carer understands that they are responsible for ensuring their child completes their course of medication. * Parents or carers understands they are responsible for collecting and disposing of their child’s medication when it is no longer required in school or have expired. |
| *I give consent for school staff supervise my student while they administer their own medication at accordance with the school policy*  Parent/Carer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |