****

**Parent’s Request for School to Administer Medication**

Date of request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I/We request that my/our child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room \_\_\_\_\_\_\_\_\_

be given \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of medication)

Requested time(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (state occasions or times to be administered)

1. I/We, the parent(s)/caregiver(s), accept that the school does not have a trained medical officer to administer medications.
2. I/We, the parent(s)/caregiver(s), will, in cases where it is necessary, arrange for the staff to be trained in the administration of the medication.
3. 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.
4. I/We also accept that the school cannot guarantee that the same person will give at a precise time the medication. (If parents wish to guarantee the time, dosage and procedures, then they need to make their own arrangements for medicating).
5. I/We will notify the school about any changes in dosage, time or procedures by filling out a new request form.
6. Parents/Caregivers are requested to deliver the medication personally to the school.
7. All medication that is not collected by the parent/caregiver at the end of the year will be disposed of.
8. I/We, the parent(s)/caregiver(s), accept responsibility that medication to be used at the school is not past its ‘use by’ date.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent/Caregiver) (Principal)

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_