

ADMINISTERING MEDICATION (SHORT TERM)
TO CHILDREN AT SCHOOL



CONSENT FORM

I give permission for a staff member/s at Belmont Intermediate School to

administer _____
(name of medication)

to my child _____ Room _____
(name of child)

as per the following instructions:

1. I/We accept that the school does not have a trained medical officer to administer medication.
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.

Signed: _____
(Parent/Caregiver)

Date: _____

Signed: _____
(School representative)

Date: _____