

# MAINTENANCE & ADMINISTRATION OF MEDICATION TO CHILDREN AT SCHOOL



## CONSENT FORM

Child's Name: \_\_\_\_\_ Room: \_\_\_\_\_ Teacher: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Parent/Caregiver name: \_\_\_\_\_

Daytime Contact no: \_\_\_\_\_ or \_\_\_\_\_

My child requires the following prescription medication at school:

\_\_\_\_\_

My child is taking this medication because he/she has: \_\_\_\_\_

Which needs to be taken at:(times) \_\_\_\_\_

Start date: \_\_\_\_\_ Finish date: \_\_\_\_\_

- |    |  |     |   |    |
|----|--|-----|---|----|
| 1. | My child will administer his/her own medication:           | Yes | / | No |
| 2. | My child needs supervision with taking his/her medication: | Yes | / | No |
| 3. | My child requires an adult to give the medication:         | Yes | / | No |

**If Yes to question 3 above, your authority is required below:**

Name of authorised person/s permitted administer medication to the above named student as follows:

\_\_\_\_\_

### Storage of the medication

Does the medication need to be in a locked cabinet? Yes/No or refrigerated? Yes/No

#### Consent

1. I accept full responsibility for maintaining supplies, having my child's name, the name of the drug and the correct dose on the container, and that the supplies will not have passed the expiry date.
2. I give permission for a member of the school staff to administer the medication according to my child's needs as indicated above and accept that this may not be the same staff member each time.
3. I accept that the school will take due care with the administration of this medication but I release the school and the school's staff from any responsibility associated with it.
4. I will inform the school in writing if there is any change in the above medication information.
5. The school will accept responsibility for keeping this information in a safe place.

Parent/Caregiver (full name – please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Approved by Principal:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_