

**PARENT REQUEST FOR GLEN MASSEY SCHOOL TO
ADMINISTER MEDICATION**

Date of request:

Child's name:

Room:

Parent / Caregivers name:

Ph. Number:

Emergency contact name:

Ph. Number:

Name of GP / Specialist:

Ph. Number:

Medical condition:

Name of medication:

Dosage and time to be given at school:

Date when medication is to be given at school (if applicable):

Other directions:

Expiry date of medication (on container):

Storage requirements (eg. in fridge etc):

Any known side effects of the medication:

Parental consent for medication to be administered at school:

I/we request that the school administer the above medication to my / our child as detailed above and that we understand the following:

1. I/We, the parents,/caregivers, accept that Glen Massey School does not have a trained medical officer to administer medications.
2. 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.
3. I/We also accept that the school cannot guarantee that medication will be given at the precise time or by the same person although they will endeavour to do so. (If parents wish to guarantee the time, dosage and procedures, then they need to make their own arrangements for medicating).
4. I/We will notify Glen Massey School about any changes to the dose and recommended time or procedures to be given and will complete a new request form.
5. Where possible, parents/caregivers are requested to deliver the medication personally to Glen Massey School.
6. I/We recognise 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 Glen Massey School's responsibility.

7. I/We recognise that the responsibility to provide the school with a current (i.e. within the current use by date) and adequate supply of medication is mine/ours.

8. All medication that is not collected by the parent/caregivers at the end of the year, will be disposed of.

My/Our child is responsible enough to administer his/her own medication. Yes / No

Signed _____
Parent / Caregiver

Date _____

Signed _____
Teacher / Medication Administrator

Date _____