



PARENT / GUARDIAN REQUEST TO ADMINISTER MEDICATION
AT MEADOWBANK SCHOOL

I/we request that _____ of _____ be given medication at Meadowbank School.

1. I / we accept that the 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 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.
5. I / we hereby authorise the school to contact the GP or Specialist listed below prior to or following administration of the medication.

Name of medication:- _____

Dosage & time to be given at school:- _____

Expiry date of medication (on container):- _____

Date when medication is to finish: _____

Specialist storage requirements, ie: in fridge: _____

Any side effects of medication: _____

Name GP or Specialists (if applicable): _____

Phone No. _____

Parent or guardians phone number during school hours & after hours: _____

Emergency contact number: _____

Full Name: _____

Signed: _____

Relationship to child: _____

Date: _____