ADMINISTRATION OF MEDICATION - 2016

For any type of medication that your child needs to take during school hours, please provide the following information:

1. Parental permission to take medication

I ____________________________________________request the teacher to administer to my

(parent/guardian)

son/daughter ________________________________ in Grade ______________ medication which has

(child’s name)

been labelled and set aside by myself. This being the correct dosage to be administered orally.

Medication can only be given between recess – (10:25am and 10:55am) and lunch – (12:35pm and 1:40pm)

2. Medical Program

Dates: .................................................. Times: ..................................................

..................................................

..................................................

3. Type of Medication

Name: .............................................. Dosage

..............................................

..............................................

Signed: .................................................. (parent/guardian) Date: ....................

PLEASE DELIVER ALL MEDICATION TO THE OFFICE (not the class room)

4. Medication should be in its original packaging and in a suitable container. ie zip lock bag

5. Medication should be clearly labeled with child’s name and storage details.

6. Children should never be responsible for their own medication.

7. All medications will be kept in a secure cupboard in the first aid room or fridge if necessary.

8. To monitor the administration of medication, please complete the section below.

<table>
<thead>
<tr>
<th>Dates Required</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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</thead>
<tbody>
<tr>
<td>Administered by:</td>
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<td>Time:</td>
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<tr>
<td>Principal’s Signature:</td>
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