



## ADMINISTRATION OF MEDICATIONS AT SCHOOL

It is sometimes necessary for children to take medication while at school. This includes non-prescription medicines such as paracetamol or cough syrup. Parents are required to follow the instructions below for the safety of their children.

1. Medications must be stored at the office.
2. Medications must be clearly labelled with :
  - i) Child's name
  - ii) Instructions regarding dosage.
3. Parents are responsible for :-
  - i) Completing the school's "Consent to Administer Medication at School" form.
  - ii) The provision of medication.
  - iii) Checking the level of supply of medication
  - iv) Maintaining the level of supply of medication
  - v) Advising the school in writing of any change of dosage

### NOTES :

1. The school does not accept absolute responsibility for the administration of medications at prescribed times.
2. The school staff, as persons not qualified in medicine, will not be held responsible for the effect (or lack of effect) of medications administered.

Danielle Stella  
**Principal**



**CONSENT TO ADMINISTER MEDICATION AT SCHOOL**

I \_\_\_\_\_ consent to school staff administering the medication listed below to my child \_\_\_\_\_

I agree to be bound by the school's instructions (conditions), as printed over, concerning the administration of medications at Taylors Hill Primary School.

Name of Child : \_\_\_\_\_ Class: \_\_\_\_\_

Room No: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name/s of medication/s to be taken at school :

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dosage : \_\_\_\_\_

Medication Expiry Date: \_\_\_\_\_

Medication Opening Date: (for eye drops or similar medications) \_\_\_\_\_

Time(s) to be administered: \_\_\_\_\_

Other relevant information : *(may be in the form of a letter from the Doctor, attached)*.

\_\_\_\_\_  
\_\_\_\_\_

Signed : \_\_\_\_\_

(Parent/Guardian)

Date : \_\_\_\_ / \_\_\_\_ /20\_\_\_\_