

**ADMINISTRATION OF MEDICATION
APPENDIX A**



MEDICATION CONSENT FORM

Date of Request.....

I/We request that (name of student)

Room..... be given.....(name of medication)

Date(s) / Time(s)

.....(state occasion/time(s) to be administered

Name of Prescribing Doctor.....

Parent/Caregiver Acknowledgement

- I/We acknowledge that Tapanui School does not have a trained Nurse/health provider to administer medications.
- 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 this decision, now or in the future.
- I/We accept that Tapanui School cannot guarantee that medication will be given at the precise time or by the same person.
- I/We acknowledge that as Parents/Caregivers if we wish to guarantee the time, dosage and procedures to be followed, we will arrange with Tapanui School arrangements for medicating ourselves.
- I/We will notify Tapanui School about any changes to dosage, time or procedures by filling out a new request form.
- I/We confirm that medication to be used at Tapanui School is not past the “use by” date.
- Parents/Caregivers are requested to deliver medication personally to Tapanui School.
- Parents / Caregivers should be aware that Tapanui School will not hold more than two weeks supply of any medication.
- All medications that are not collected by the Parent/Caregiver at the end of the school year will be disposed of by returning to the local Chemist or flushing down the toilet for disposal.

.....
Signed By:

.....
Name of Parent/Caregiver

Note: When bringing medication to school, rather than bringing the whole bottle (which may be accidentally left behind at the end of the day), it is a good idea to have a plastic syringe-type dispenser available. The correct dosage can then be drawn up at home and delivered to school in a small, named plastic bag. This can be returned to the child after administration of the medication.

