

Medical Agreement for _____

Family Doctor Name:

Telephone Number/s:

Please note:

- In the case of regular administration of some medicines, eg asthma, the student may be independent and able to manage the own medicine administration. You need to notify us in writing if that is the case.
- For other medications the school will take every care to ensure the student receives the prescribed medicine. However we can not guarantee that this will happen and will not accept responsibility for doses missed or wrongly administered.
- It is not always convenient or possible for the classroom teachers to administer medicine so this task may be completed by another staff member (with first aid training)
- Medicine must be sent to school in the original container with the pharmacy name, medication, dosage frequency details on the container.
- Any changes in dosage or frequency of administration must be notified to the school in writing.
- The school reserves the right to decline or to discontinue administering medicine to any student at any time. Parents will be advised first in the likelihood of this decision being made.

Medical Condition requiring the administration of medicine by school staff:

Name of medicine/s to be administered:

Dosage (please state the exact amount to be administered and frequency of administration)

Any other information that may be useful to the school regarding the students medication (eg side effects or cautions)

Your phone nbr/s:

Signed:

Date: