**Appendix 1: Managing Medical needs in School Policy**

**Request to Administer Medication in School**

Dear Parent,

We appreciate that it is not always possible for the parent/carer at various times during the school day to administer medicines such as antibiotics if there needs to be 4 doses in a day. On these occasions, we will administer medicine provided we have received this form duly completed and signed. The medicine **MUST** be prescribed by a doctor and be in the original container, in date and clearly labelled with your child’s name.

|  |  |
| --- | --- |
| Child’s Name and Date of Birth |  |
| Date |  |
| Name of Medicine |  |
| Reason for Prescribed Medicine |  |
| Dosage and Time(s) required |  |
| Duration of treatment |  |
| Expiry Date of Medicine |  |
| Recommended Storage of Medicine |  |
| Staff Member Medicine handed to |  |
| Precautions (possible side effects) |  |

I understand that the school will not accept any liability in relation to the administration of the medication.

Parent/Carer Signature: …………………………………………… Date: …………………………

Parent/Carer Name: ………………………………………………..