



## 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.

Signed: ..... Print Name: ..... (Parent / Carer)

Date: .....

