

PARENTAL MEDICATION AGREEMENT

This form is to be completed by parent/caregiver to authorise Hawera High School to administer medication on their behalf.

STUDENT DETAILS:

Student Name: _____

Form: _____

Date of Birth: _____

Year: _____

PARENT/CAREGIVER DETAILS:

Name: _____

Home Address: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Emergency: _____

MEDICAL DETAILS:

Medical Condition: *What do we need to watch for?* _____

Family Doctor: _____

Prescribing Doctor: _____

Medication Prescribed: _____

Dosage & Frequency: _____

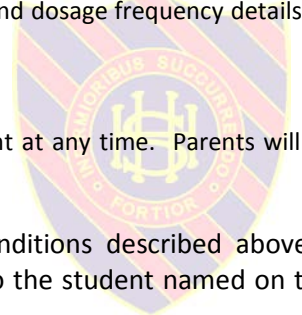
PLEASE NOTE:

- In the case of regular administration of some medicines, e.g. asthma, the student may be independent and able to manage their own medication.
- For other medication the school will take every care to ensure the student receives the prescribed medicine. However we cannot guarantee that this will happen and will not accept responsibility for doses missed or wrongly administered.
- Medicine must be sent to school in the original container with the pharmacy name, medication and dosage frequency details on the container.
- A record will be kept of all doses administered at the school.
- 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.

I certify that the information given above is correct, understand and agree to the conditions described above. I authorise Hawera High School to administer the prescribed medication described above to the student named on this form. I understand that the drugs will be administered by the administration staff.

Signature of Parent/Caregiver: _____

Date: _____



TO BE COMPLETED BY PRESCRIBING DOCTOR

This form is to be completed by Prescribing Doctor

Medical condition requiring the administration of medicine by the school staff:

Name of the medicine/s to be administered:

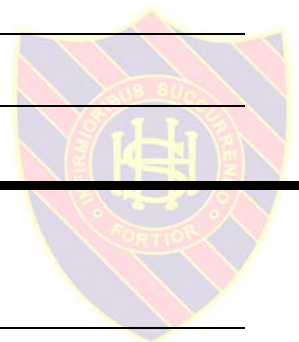
Dosage (Please state the exact amount to be administered and frequency of administration):

Any other information that may be useful to the school regarding the student's medication:
(eg: Any side effects or cautions)

DOCTORS DETAILS:

Doctors Name: _____

Signature: _____ Date: _____



NOTES FOR PARENTS/CAREGIVERS

Please detach and keep these notes on file

STUDENT MEDICATION DETAILS:

Student Name: _____

Medication Details: _____

Date updated information given to school: _____

NOTES REGARDING ADMINISTERING MEDICATION IN SCHOOL:

1. Where possible, parents should liaise with their doctor to avoid the need for medication to be administered at school (e.g. 3 times a day with food could be given at breakfast, afternoon tea and dinner; Ritalin could be given in long acting form).
2. The first dose should **not** be given at school.
3. All requests should be on the appropriate parent request form and handed in to the administration staff at the school office.
4. The medication will be kept in a locked place, if possible the school's administration area, in a student proof container. This area is covered by the school's security alarm.
5. The exact dose of medication must be provided by the parent/caregiver to the school.
6. Administration of prescribed medication will be delegated to appropriate staff members after consultation.
7. The staff member concerned must consent to this administration after they have been provided with the appropriate information and training to carry out the task.
8. The delegated person/s will administer the medication as requested by the parent/caregiver.
9. Where an un-authorised person has administered the medication, follow-up procedures may need to take place. *(Send student to Doctor or Accident and Emergency; inform parents)*
10. Before medication is administered the school will require written confirmation by the parent/caregiver.
11. By law, the medical practitioner's directions must be included on the label of all dispensed medication. These directions must be followed carefully.
12. Whenever possible administering of medication will be witnessed by another adult and a record of administering initialled by both adults.
13. The administering of painkillers such as Panadol during school time must be notified to the school in writing and the drug supplied from home.

