

# Paraparaumu Beach School

## Administering Medication

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Dear Parents/Caregivers

The school recognises that there are times when a pupil may need to be given some form of medication during school hours, and will arrange for a staff member to administer this providing:

- That a parent/caregiver fills out the request form attached to this letter
- That, as stated in the school policy, this request is only made when it is impossible for the parent/caregiver or guardian to do so
- That the medication is prescribed by a GP or specialist
- That the first dose must **not** be given at school

A copy of the School Policy on Administering Prescribed Medication may be requested.

Please advise the school of any change to the details outlined in the request form.

Yours faithfully

KA Lambert  
**PRINCIPAL**

# Parent/Caregiver/Guardian Request for School Staff To Administer Prescribed Medication

Child's Name: .....

Address: .....

I/We request that the above named child be given prescribed medication at school

I/We accept that the school does not have a trained medical officer to administer medications

I/We accept responsibility for the decision to give this medication to my/our child, and acknowledge the school is in no way responsible for that decision

I/We accept that the school cannot guarantee that the medication will be given at a precise time or by the same person, although every endeavour will be made to do so

I/We will notify the school about any changes to dose – and recommended time when medication is to be given, and fill out a new request form

Name of prescribed medicine: .....

Dosage and time to be given at school: .....

Expiry date of medication (on container): .....

Date when medication is to finish: .....

Special storage requirements (ie in fridge etc): .....

Any side effects of the medication: .....

Name and ph number of GP or Specialist: .....

Parent/caregiver/guardian ph number during school hours: .....

Parent/caregiver/guardian mobile no: .....

Parent/caregiver/guardian ph number after hours: .....

Emergency contact name: .....

Emergency contact ph numbers: .....

Signed: ..... Name: .....

Relationship to Child: ..... Date: .....