



**PARENT / GUARDIAN REQUEST for
HIWINUI SCHOOL to ADMINISTER MEDICATION**

I / we request that; (child's name)**of**
(address)

be given medication at Hiwinui School.

1. I / we accept that the school does not have a trained medical officer to administer medications.
2. 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.
3. I / we also 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.
4. 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 Medication:

Dosage and time to be given at school:

Expiry date of medication (on container):

Date when medication is to finish:

Special storage requirements, i.e. in fridge etc:

Any side effects of medication:

Name and phone number of G.P. or specialist (if applicable):
.....

Parent or guardians phone number during school hours:

After Hours:

Emergency Contact Name & Number:

Signed: **Full name:**

Relationship to Child: **Date:**