



# Medicine Authority Form

**Parent/Caregiver request for school to administer medication and/or supervise medical conditions**

Date:		
Child's Name:		
Class Teacher		Studio:
I / We request that (child's name):	be given	
Dose and name of medicine:		
At (time/s):		
Medical condition/diagnosis for which this medicine is given:		
Name of prescribing doctor:		
<p>I/we accept responsibility for:</p> <ul style="list-style-type: none"> <li>the decision to give this medication to my/our child and acknowledge that the school is in no way responsible for that decision, now or in the future</li> <li>notifying the school about any changes in dosage, time or procedures, by filling out a new Medicine Authority form, this will be updated as required</li> <li>delivering the medication <u>personally</u> to the school office (daily or as required) to be held in the office</li> <li>collecting the medication <u>personally</u> from the school office (daily or as required)</li> <li>ensuring that the medication has not past its "use by" date &amp; that a sufficient supply of the medication is on hand</li> </ul> <p>I/we accept that the school:</p> <ul style="list-style-type: none"> <li>may not have a trained medical officer to administer medications</li> <li>cannot guarantee that medication will be given at a precise time or by the same person each day</li> <li>will ensure medication will be stored in accordance with the prescription instructions</li> <li>will safely dispose of uncollected medicine at the end of each year or when your child leaves Kaiapoi Borough School</li> <li>will provide a copy of this completed form to the parent/caregiver</li> </ul>		
Signed by Parent / Guardian:		
Date:		

***A copy of this form must be given to the parent/caregiver.***

<b>Office Use Only:</b>	<b>By: (Initials)</b>
Medication Received & Checked:	
Updated on Etap:	
Updated in Medicine Notebook:	