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**Application for School to administer medication**

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| **DETAILS OF STUDENT:**  Name: Class:  Date of Birth:  Condition of illness: |

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| **MEDICATION:**  Name/Type of Medication **(as described on the container):**  For how long will your child take this medication:  Date dispensed:  Storage requirements:  Expiry Date: |

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| **FULL DIRECTIONS FOR USE:**  Dosage and amount (as per instructions on container):  Method:  Timing/Frequency of dosage:  Dates to administer: From ………………………………………To …………………………………………..  Special Precautions – are there any side effects that the school should know about?  …………………………………………………………………………………………………………………………………………  Self Administration: Yes / No |

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| I understand that I must deliver the medication personally to the office and confirm that this medication has been prescribed. The school will not be held responsible for any adverse effects from the medication.  **I understand that I must notify school** **of any changes in writing.**  Signature: Relationship to student:  Date: |
| Is child attending wrap around care while on this medication: Yes / No |
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