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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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