**Long Term / Emergency Medication Administration Form**

To ensure the safety of your child, the following procedures regarding medication being brought to and administered at school have been put in place. ‘Medication’ refers to prescribed medicines administered orally (tablets or liquid), ointments/cream or sprays and injections.

This form must be completed and together with the medication, personally handed to the nurse or class teacher. Medication must be clearly labelled in English. The nurse or teacher will NOT prescribe medication to your child.

The school does not assume responsibility for any reactions that may occur following administration of medication sent from home, nor can there be any responsibility assumed if the parent does not send sufficient medication.

**Student Name: …………………………………………………….. Class: ……………….**

**Medical issue: …………………………………………………………………**

**Information of Medication**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Medication | Dosage | Route | Time | Starting date | Remarks |
| *e.g. Epilim* | *200mg (2 tabs)* | *Oral* | *2pm* | *May 9, 2017* | *Daily* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Parental consent**

1. I hereby authorise my son/daughter to be given the medication listed above by ESF staff.
2. I agree to inform the school via email or in writing of any changes to the above instructions. I also agree to provide further ‘in date’ medication once the current medication has expired.
3. I agree for my child to be treated in an emergency by staff at the school using emergency treatment as required.

Parent/Guardian Signature...................................................................Dated...................

**Doctor’s prescription for the above medication (completed by doctor)**

…………………………………………………………………………….…………..……………

Doctor's Name…………………………………… Phone number ……………………………

(please print)

Doctor’s Signature…………………………………………… Date…………………………….