

**Parent/Caregiver's Request for Riverina Primary School
to Administer Medication**

I/We request that (child's name).....of
(address).....

be given medication at Riverina School.

I/We accept that the school does not have a trained medical officer to administer medications.

1. 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 this decision.
2. I/We 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.
3. I/We will notify the school about any changes in dose and recommendation time when medication is to be given and fill out a new request form.
4. I/We recognise that the medication is given at my/our request and that any future effects on my/our child is not now, or at any time in the future, the school's responsibility.
5. I/We recognise that the responsibility to provide the school with a daily/weekly (cross out which does not apply) supply of medication is mine/ours and that the maximum amount of medication to be held at the school is one week's supply.

Name of medication.....

Dosage and time to be given at school.....

Other directions: e.g. before/after food.....

Expiry date of medication (on container).....

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

Any side effects of medication.....

Name and phone number of GP or specialist:.....

Parent/Caregiver's full name:.....

Relationship to child:.....

Parent or caregiver's phone number during school hours:.....

After hours:.....

Emergency contact number:.....

Signed:Parent/Caregiver

.....School Secretary

.....School Secretary's Delegate

Date: