



ABERDEEN SCHOOL

## Parent Request for School to Administer Medication

Date of request \_\_\_\_\_

I/We request that \_\_\_\_\_ Age \_\_\_\_\_ Room \_\_\_\_\_

be given \_\_\_\_\_ (name of medication)

at \_\_\_\_\_ times, the dosage being given by staff member on duty.

I/We will provide instructions in writing on how to administer the medicine, and, if necessary, a Doctor's report.

I/We accept:

- That the school does not have a trained medical officer to administer medications.
- Responsibility for the decision to give this medication to my/our child and acknowledge that the school is in no way responsible for that decision.
- That whilst the school will do its best under 'Duty of Care' to administer the medication at the desired times, the school cannot guarantee that the medication will be given at a precise time or by the persons named above.
- That I/We must notify the school about any change in dosage, time or procedures by the filling out of a new request form.
- The responsibility that medication to be used at school is not past its 'use by' date.

I/We have read, understand and agree with the school's policy for administering medication.

Signed: \_\_\_\_\_ Parent/Caregiver