CARMEL COLLEGE

Act justly, love tenderly, walk humbly with your God (Micah 6:8)

CONSENT TO ADMINISTER MEDICATION

Student's name: _____

Atawhai group: _____ DOB: _____

Health condition/reason for medication:

_____

_____

Name of medication: _____

Dosage: _____

Time/s medication to be administered: _____

Duration medication to be administered (e.g. 7 days): _____

Side effects/special precautions with medication: _____

_____

Any other details: _____

- I give permission for the school first aider or other designated staff member to administer this medication according to the written medication instructions above.
- I accept full responsibility for maintaining supplies, having the student's name, name of drug and correct dose on the container and that supplies will not have passed the expiry date.
- I accept that the school will take due care with the administration of this medication, but I release the school and the school staff from any responsibility associated with it.
- I will inform the school in writing if there is any change in the above medication information.
- The school will accept responsibility for keeping this information safe.

_____ _____

Parent/Caregiver name Parent/Caregiver signature

Date: _____