



Whakatāne High School

Medication Consent Form

NAME OF STUDENT: _____ CLASS: _____

Physical/Medical conditions or special requirements: (eg. Asthma, Allergies)

1. _____

2. _____

3. _____

Medication: Is your child currently taking medication for any of the above conditions? YES / NO

Does your child carry medication on him/her? YES / NO If yes please provide details of medications:

Does your child require a First Aid person to administer medication? YES / NO If yes, please provide the following information: DOSE, Times & Dates Medicine to be Administered Extra/Special instructions:

Medication	Dose	Time to be given	Signed

We as the parents/caregivers accept the following:

1. The school does have trained First Aid personnel but does not have a trained Medical Officer to administer the medication.
2. The responsibility for the decision to give medication is the parents/caregivers.
3. The school will give the medications at the times requested when possible however if the set times cause difficulty then the parent/caregiver will have to make their own arrangements.
4. The parent/caregiver will notify the school of any changes in dosage, times or procedures by filling out a new form.
5. The medication will be delivered to the school personally.
6. The school will dispose of any unused medication unless it is collected by the parent caregiver at the end of the year.
7. The school will not administer any medications that are past the use by date.
8. It is the parent/caregiver's responsibility to ensure that medication is provided for school trips and camps in a clear, named plastic bag with instructions.
9. The school will not take any responsibility in the event that the medication is not administered in sufficient time.

Signed by parent/caregiver _____ Date _____

Signed by staff member _____ Date _____