



BAYLES REGIONAL PRIMARY SCHOOL

INFORMATION REGARDING MEDICATION

Department of Education policy requires specific authority, in writing, before any medication can be given to a child by school personnel.

No medication can be taken by, or given to a child, without written consent being given to the school.

This document is to safeguard YOUR child so we ask that you return it promptly.

Name of student: _____

Year: _____ Teacher: _____

Date of Birth: _____

Name of medication: _____

Dose to be taken: _____ Time to be taken: _____

How medication is to be taken: _____

Any special conditions relating to storage of medication: _____

Emergency contact telephone: _____

I give permission for the Principal or his/her designated representative to administer the prescribed medication.

Signature of Parent/Guardian: _____ Date: _____

PLEASE NOTE:

The medication must be in clearly marked and appropriate container. Only medication specifically for that child by a doctor can be given by the designated representative. The label must show the child's name, the dosage direction and the doctor's name. The medication must be in pill, capsule or liquid form, or in the case of ASTHMA preventative medication, in appropriate "puffer" form. Should a spoon or medicine glass be required, the parent must provide same.

THIS PERMISSION FORM IS FOR THE CURRENT SCHOOL YEAR ONLY.

THE SCHOOL MUST BE NOTIFIED IMMEDIATELY OF ANY CHANGE TO INFORMATION ON THIS FORM.