Medical Advice to School Form

The form is to be completed by the parent/guardian and returned to the school.

Monivae College Hamilton

It is preferred that this form be completed in consultation with the child's treating medical practitioner. If this is not possible, then it must be completed by the in accordance with medical advice before any medication can be administered.

Students Name _____ **Homeroom** _____

Parent/Guardian Name _____ **Contact No.** _____

Treating Practitioners Name _____ **Contact No.** _____

Address of Treating Practitioner _____

_____

Reason for Medication _____

Recommended restrictions on participation in school activities (e.g. sport, use of tools, or machinery): _____

Medication has been delivered to the school (please indicate)

Is in its original package

The pharmacy label matches the information included in this form

Important Notes:

Wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

Staff Members are not permitted to administer the first dose of a new medication in the event that it may cause an adverse reaction. The first dose of all medication must be administered by a parent / guardian or medical practitioner.

The school will not administer Paracetamol without the completion of this form as it may mask signs and symptoms of other illness or injury.

Essential medication requiring administration during school hours:

Medication Name	Dosage	Time(s) of Administration	Special Instructions (How is it to be taken?)	Self Administration (Yes/No)

Indicate if there are any specific storage instructions for the medication:

Monitoring Effects of Medication

Please note: School staff *do not* monitor the effects of medication and will seek emergency medical assistance if concerned about a student's behaviour following the administration of medication.

Privacy Statement: The school collects personal information to assist with the planning and support of the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information listed in this form may be disclosed to relevant School Staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by law.

Authorisation

By signing below, I hereby authorise staff at Monivae College to administer medication to my child in accordance with the information provided above. I also give permission for the school to contact the Treating Medical Practitioner listed above if confirmation or further information about the administration of medication is required.

Parent/Guardian Name _____ _____

Signature _____ **Date**

(Parent/Guardian Signature)