

MEDICINE NOTIFICATION/CONSENT FORM



Parent/guardian must complete a consent form when medicine is required to be administered.

CHILD'S NAME: _____

Class: _____ Year Level: _____ Date of Birth: _____

I _____ give my consent and approve that nominated staff at Hamilton Seventh-day Adventist School administer the medication I have provided for the purpose as described below.

We accept that staff at the school will administer the following prescribed medication in accordance with the medical practitioner's directions on the package or bottle.

Name of Medication: _____

Reason for Medication: _____

Dosage to be Administered: _____ Frequency: _____

Symptoms or Triggers (if applicable): _____

Start date: _____ Stop date: _____

Is child self-administering? YES / NO

Is medication to be administered by the School? YES / NO

Name of Prescribing Doctor/Specialist: _____

We understand that Hamilton Seventh-day Adventist School may contact the prescribing Doctor/Specialist if the need arises.

Please read and consider the following before signing:

- *I understand that Hamilton Seventh-day Adventist Staff are not trained Health professionals*
- *There is an adult present at all times while children are attending who either:*
 1. *Holds a current First Aid qualification, meeting the training requirements outlined by the Department of Labour; or*
 2. *Is a registered practitioner or nurse with a current practicing certificate; or*
 3. *Is a qualified ambulance officer or paramedic who will administer the medication*
- *I will provide the School Office and Classroom Teacher with written instructions whenever the prescribed medication is required*
- *I will notify the School Office if the child no longer requires the medication if any changes in medical circumstances occur.*

Signed: _____ Date: _____

Preferred Phone No: _____

