

REDWOOD SCHOOL



PARENT REQUEST FOR SCHOOL TO ADMINISTER PRESCRIBED MEDICATION

Date of Request.....

I / We request that my child

Room.....be given.....(name of medication)

Dosage to be administered.....

Request time(s).....(state occasion or times to be administered)

Signed(Parent / Guardian)

1. I/We accept full responsibility for the decision to give this medication to my / our child and acknowledge that the school is in no way responsible for that decision now or in the future.
2. Although every effort will be made I/We also accept that the school cannot guarantee that the medication will be given at a precise time or by the same person (If parents wish to guarantee the time, dosage and procedures then they need to made their own arrangements for medicating)
3. I/We will notify the school about any changes in dosage, time or procedures by filling out a new request form.
4. Parents / Guardians are requested to deliver the medication personally to the school office.
5. All medication that is not collected by the parent / guardian at the end of the year will be disposed of appropriately.
6. I/We the parents / guardians accept responsibility that medication to be used at school is not past its "use by date"