



ADMINISTRATION OF MEDICATION

The staff of Belmont School are willing to administer medication to your child under the following conditions.

1. That the medication is provided to the School Office by the parent or caregiver.
2. That full details are provided as to the administration of the medication.
3. That the staff will take all reasonable steps to ensure that the medication is administered according to the instructions, but cannot be held responsible for:
 - * side effects of the medication
 - * not giving the medication on any particular occasion
 - * not giving the medication in accordance with instructions
 - * monitoring the schedule for the giving of medication

If you accept the above conditions please complete the following.

Name of child _____

I give permission for the medication (specify) _____

for the treatment of (specify condition) _____

when (symptoms) _____

Frequency of Dosage: _____

Dosage to be given: _____

Expiry date on Medication: _____

SIGNATURE OF PARENT OR CAREGIVER: _____

DATE: _____

All medication that comes to school will be held in a secure cupboard for staff to administer.