



Mā te mahi tahi ka piki kōtuku  
Succeeding together

# Belmont School

## 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.

I give permission for the medication (specify) \_\_\_\_\_

for the treatment of (specify condition) \_\_\_\_\_

when (symptoms) \_\_\_\_\_

\_\_\_\_\_

to be held at school in a secure cupboard and for staff to administer.

Name of child \_\_\_\_\_

Frequency of Dosage: \_\_\_\_\_

\_\_\_\_\_

Dosage to be given: \_\_\_\_\_

\_\_\_\_\_

Expiry date on Medication: \_\_\_\_\_

SIGNATURE OF PARENT OR CAREGIVER: \_\_\_\_\_

DATE: \_\_\_\_\_

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