ST JOACHIM’S SCHOOL

ADMINISTRATION OF MEDICATION FORM

2012

I ____________________________ request St Joachim’s Staff to administer to my child ____________________________ Class _____________ medication which has been labelled and set aside by myself, this being the correct dosage to be administered orally at:

Times: ________________________________

On the following dates: ________________________________

This notice should include no more than five dates, the form to be renewed if medication is required beyond this initial period.

Medications to be administered are:

Drug: ___________________________ Dose: ___________________________

_________________________ ___________________________

Signed: ___________________________

Parent

Children, especially in older classes, need to take some responsibility for remembering to take medication. For this reason, and as a check that the medication has been taken, both child and teacher are to sign the following section.

<table>
<thead>
<tr>
<th>Date &amp; Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature</td>
<td></td>
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</tbody>
</table>

- All medication should be forwarded to school accompanied by this notice.
- Parents who have children on long term medication for asthma will be provided with an ASTHMA PLAN FORM.