



St John's Girls' School

Te Kura Kōtiro o Hato Hoani

349 Dee Street - Invercargill 9810 - Phone 03-218 7759 - Email—office@stjohnsgirls.school.nz

Consent to Administer Medication

The school has a responsibility to ensure that if students are taking any medication, procedures are followed to ensure that it is kept securely and taken appropriately.

No medication will be administered to a child without written parental consent.

Child's Name: _____

Child's Room: _____

Medicine [Name]: _____

Dosage [amount]: _____ Frequency / Time: _____

Special requirements: _____

[e.g. to be kept in the fridge / to be taken with food]

Start Date: _____ Stop Date: _____

Declaration:

1. I give my consent and approve that nominated staff at St John's Girls' School administer the medication I have provided.
2. I accept that staff at the school will administer the above noted medication in accordance with the medical practitioner's directions on the package or bottle.
3. I understand that St John's Girls' School staff are not trained health professionals and will administer the medication to the best of their ability.

Parent / Caregiver Name: _____

Parent / Caregiver Signature: _____

Date: _____