

Form 3: Parents / doctors approval for administering of medication by school teacher/s.

Parents/guardians/caregivers please note: The school can refuse to administer medication to your child if the form below is not completed by both you and your medical doctor and the requirements below are not met. Medication must be supplied in the original container. Ask the pharmacist to supply medication in two fully labelled containers, one for home use and one for school use. Only medication authorized by a medical practitioner may be administered by school personnel. It is the parents' responsibility to notify the school when there is a change in medication. It is the parents' responsibility to provide all supplies, medication and/or equipment necessary for the administering of any medication(s), and to collect from the school any medication not used during the specified period.

Learners' name: Grade:

Condition for which medication is required:

MEDICAL PRACTITIONER

Name of medical practitioner: Contact number:

Name of dispensing pharmacist: Contact number:.....

Brand name of medication:

Method of administering:

Frequency and time of administration:

For how long will your child be taking this medication?

Special precautions/instructions (e.g. storage):

Possible side-effects:

Is the medication to be self-administered? (complete form 7 if self administered))

Signed: Date:

PARENT/GUARDIAN

Name:

Contact number (in event of emergency):

Relationship to learner:

I hereby request (Name of school) to administer the above-mentioned medication(s) to my child as detailed above. I agree to the requirements of this guideline document. I understand that the school has the right to refuse to administer the medication if these requirements are not met. I understand that this request is valid for only one year, and will need to be renewed annually.