

**Form 7: Parents / doctors approval for learner's self-administering of medication**

Learners' name: ..... Grade: .....

Condition for which medication is required: .....

Brand name of medication: .....

Potential side-effects or adverse reactions to medication:

.....

**MEDICAL PRACTITIONER**

Name of medical practitioner: ..... Contact number: .....

I support the recommendation that the learner above administer his/her own medication while at school.

Signed: ..... Date: .....

**PARENT/GUARDIAN**

Name: .....

Contact number (in event of emergency): .....

Relationship to learner: .....

**Declaration:**

I, ....., would like my child ..... to keep his/her medication on him/her for use as necessary. He/she is capable of taking his/her own medication and I understand that the school cannot be held responsible for the use of, or failure of my child to use his/her medication while at school.

Signed: ..... Date: .....