

**Student’s Medicine Form**

Dear Parents,

*If it is necessary for your child to take medication at school, the following forms must be completed and returned to the school office before medication can be administered.*

Name: ………………………………………………….. Date: …………………………………………….

To: Nadine Mattar, Lower School Nurse

Please allow my child ………………………………………………… to take the following medicine at school.

Name of Medication: …………………………………………………………………………………

Amount of Dosage: …………………………………………………………………………………

Time to be given: .………………………………………………………………………………..

Iaccept the rules of the school concerning the giving of medicine, including the following:

1. Medicine must be prescribed by a physician, who also advises the school that it is necessary for my child to be given the medicine at school. No short-term medication (antibiotics, Panadol, etc.) will be administered without a physician’s order(all medication will be administered by the school nurse).
2. **The medicine must be brought to school by an adult** in its original container / bottle with the label showing name of medicine, dosage, student’s name and grade.
3. The school and its employees are not to be held responsible for any unintentional mistake or oversight in giving my child their prescribed medication.

 Parent / Legal Guardian Signature Physicians Signature