FRANKTON SCHOOL MEDICAL CONDITIONS & MEDICATION CONSENT FORM

Name of Student: _____Rm ___DOB_____

PHYSICAL / MEDICAL CONDITIONS or special requirements: (e.g. Asthma, Allergies)

1. _____
2. _____

MEDICATION CONSENT: Dose, Time & Date Medicine is to be administered

MEDICATION	DOSE	TIME	DATE	Initial

Special Instructions:

As the parent/caregiver I accept the following:

1. The school does have trained First Aid personnel but does not have a trained Medical Officer to administer the medication.
2. The responsibility for the decision to give medication is the parent/caregiver.
3. The school will give the medications at the times requested when possible however if the set times cause difficulty then the parent/caregiver will have to make their own arrangements.
4. The parent/caregiver will notify the school of any changes in dosage, times or procedures by filling out a new form.
5. The medication will be delivered to the school personally by an adult.
6. The school will dispose of any unused medication unless it is collected by the parent/caregiver at the end of the year.
7. The school will not administer any medications that are past the used by date.
8. It is the parent/caregiver's responsibility to ensure that medication is provided for school trips and camps in a clear, named plastic bag with instructions.
9. The school will not take any responsibility in the event that the medication is not administered in sufficient time.
10. The school will be exempt from any responsibility in the event of any side effects.

Signed Parent/Caregiver_____Date_____

Mb# _____ Wk#_____