Dear Parents

Please find attached the forms that need to be held on file for each student. These forms have been designed to ensure both safety of your child and to protect school staff who do not have medical training. Whether or not your child receives medication at school Forms A-D need to be filled out and held on file.

If your child has any medical conditions that require medication Form A, Part A and B, (Medical Advice to School) has to be completed by your doctor. If there is nothing to report, parents should mark the form Not Applicable.

Form B needs to be completed if you require medication to be administered to your child during school hours. We are not able to administer medication at school unless we have these forms completed by the prescribing doctor.

Form C asks for permission to give your child’s details to medical/emergency staff should an ambulance be called.

Form D (Deed of Indemnity) must be signed by parents/guardians (in the presence of a third party witness) regardless of whether or not your child receives medication.

If there is any change to the medication, Form E has to be completed by the prescribing doctor also.

In addition to prescription medication, we are not able to administer non-prescription medication without written permission from a doctor. This includes over the counter products, eg. cough mixtures, Panadol, and therapeutic products such as vitamins.

If you child does not currently require medication at school, please still return the forms so that we have a definitive instructions on file – Simply fill in your child’s name and cross through Forms A and B with “N/A”. Forms C & D should be completed and signed regardless. Form E should be kept at home should you need to change your medication.

You can keep the Administration of Short Term medication Form G at home so that if at any time your child requires medication, eg. antibiotics, you will have the required form on hand.

I am aware that this may seem an involved process, but please be assured that the school will give you every assistance in this matter.

Yours sincerely

Warren Hopley
Principal
Form A
MEDICAL ADVICE TO SCHOOL

TO BE COMPLETED BY PRESCRIBING DOCTOR

Child’s Full Name: ________________________________

PART A- MEDICATION.

Medical condition(s) of the child requiring treatment.

________________________________________________________________________

1. MEDICATION DETAILS:

Condition Name: ________________________________

Medication Name: ________________________________

Dosage: ________________________________

Time/s of administration: ________________________________

2. MEDICATION DETAILS:

Condition Name: ________________________________

Medication Name: ________________________________

Dosage: ________________________________

Time/s of administration: ________________________________

3. MEDICATION DETAILS:

Condition Name: ________________________________

Medication Name: ________________________________

Dosage: ________________________________

Time/s of administration: ________________________________

This form must be returned.
If your child has no medical conditions requiring medication, please enter your child’s name, and mark the form as “N/A”. Please sign & return.
PART B-MEDICATIONS TO BE ADMINISTERED AT SCHOOL

1. MEDICATION DETAILS:
   Condition Name: ____________________________________
   Medication Name: ____________________________________
   Dosage: ____________________________________________
   Time/s of administration: _____________________________
   Special Instructions: _________________________________

2. MEDICATION DETAILS:
   Condition Name: ____________________________________
   Medication Name: ____________________________________
   Dosage: ____________________________________________
   Time/s of administration: _____________________________
   Special Instructions: _________________________________

3. MEDICATION DETAILS:
   Condition Name: ____________________________________
   Medication Name: ____________________________________
   Dosage: ____________________________________________
   Time/s of administration: _____________________________
   Special Instructions: _________________________________

Reviewed restrictions on participation in school activities (eg. sport)
________________________________________________________________________________________

Recommended procedure in crisis situation:
________________________________________________________________________________________

Additional comments:
________________________________________________________________________________________

Signature of Prescribing Doctor: ___________________________ Date: _____________________________
Form B
NOTIFICATION AND REQUEST BY PARENT/GUARDIAN
FOR THE ADMINISTRATION OF MEDICATION DURING
SCHOOL HOURS

To be completed by Parent or Guardian

I request that my child: _______________________________________
(Full name of child)

be allowed to take medication at school according to instructions from:

_________________________________________________________
(Full name of prescribing doctor, per attached Form A)

The medication has been prescribed for the following reason:

_________________________________________________________
_________________________________________________________

I hereby give permission to the Principal to obtain relevant information from the
prescribing doctor.

I accept and agree to observe the conditions imposed by the school and
understand and agree that it is my responsibility to inform the Principal of any
changes involving the administration of the medicine (see enclosed Form E). I
agree to indemnify the School and related parties on the terms of the attached
Deed of Indemnity.

_________________________________________________________
Signature of Parent

_________________________________________________________
Date
Form C
PERMISSION FOR RELEASE OF MEDICAL INFORMATION

To ____________________________________________  _______________________
   Name of your Doctor                         Phone no. of your Doctor

I, ____________________________________________, give permission for the
   (Parent/Guardian)
   release of information to the Principal of St Lucy’s School concerning
   medication currently prescribed for my child:

   ____________________________________________
   (Full name of child)

I authorise the release of medical information to St Lucy’s Principal and involved
   staff.

_________________________________________  _____________________________
Signature of Parent/Guardian               Date
In consideration of the members of staff of St Lucy’s School, at my/our request administering medication to my/our son/daughter:

(Name of son/daughter)

I/we hereby indemnify and agree to keep indemnified the school and its employees and agents, including the teachers and other staff of the school, from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed, sealed and delivered by the said:

(Parent/guardian)

in the presence of:

(Signature of Witness)

(Name of Witness - please print)
Form E

NOTIFICATION OF CHANGE TO MEDICATION

(please keep this form at home, and return to us only if there are any changes to your child’s school-hours medication)

To be completed by doctor

Childs Name: ____________________________________________

Reason for Change: ________________________________________

_________________________________________________________________________________

MEDICATION DETAILS

Condition name: __________________________________________

Medication name: _________________________________________

Dosage: ________________________________________________

Times of Administration: _________________________________

_________________________________________________________________________________

Special Instructions: _____________________________________

_________________________________________________________________________________

Self administered YES/NO

Doctor’s Signature ________________________________________

_________________________________________________________________________________

Date

Parent/Guardian Signature: __________________________________

_________________________________________________________________________________

Date
Form F
Administration of Medication
Panadol

St Lucy's is not permitted to administer medication of any kind, including Panadol, to students without written permission.

From time to time students come to school in apparent good health, but through the day rapidly develop a fever. We are aware that an untreated high temperature can result in other complications, such as seizures, for some students, and parents sometimes ask that we administer a dose of Panadol.

If you would like us to hold permission on file to administer Panadol to your child in such a circumstance, please sign and return this form, to be held on file. We would always attempt to contact a parent, or emergency contact, before giving any medication.

The Panadol that we will hold is *Children's Panadol Suspension*. If you prefer your child to take any other product you will need to supply it, and provide relevant paperwork.

******************************************************************************

I ____________________ give permission for St Lucy's to administer
___________ml (Dose) of Panadol to ______________________(name of
child) in the event of pain or fever. My child’s approximate weight is _____kg.

I understand that St Lucy's will make every attempt to contact me, or my
nominated emergency contact prior to administering any Panadol.

******************************************************************************

Signature ..........................  Date ........................
Dear Principal

My child's medical practitioner has prescribed medication for him/her which has to be administered during school hours. This medication needs to be given only for the duration of his current illness. I have enclosed the medication in a container provided by the chemist which shows the doctor's instructions. Details are set out below.

Yours sincerely

______________________________  _______________________
Signature of Parent/Guardian        Date

-------------------------------------------------------------------------------------------
To be completed by parent/guardian

CHILD'S NAME __________________________________________

Prescribing Doctor _______________________________________

Medication Details

Medication Name: _________________________________________

Dosage: _________________________________________________

Time/s of Administration: _______________________________________

Special Instructions: __________________________________________}

Please keep this form at home, and return should your child need any medication on a short term basis.