



21 Cleveland Street,
Wahroonga NSW 2076
Telephone: 9487-1277
Fax: 9989-8056

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 your 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

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.



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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: _____

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: _____

Recommended restrictions on participation in school activities (eg. sport)

Recommended procedure in crisis situation:

Additional comments:

Signature of Prescribing Doctor:

Date:

This form must be returned.
If your child does not require medication at school, please fill in the child's name, and mark the form as "N/A; Please sign & return..



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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

This form should be completed, signed and returned regardless of conditions.
Your signature needs to be witnessed by someone other than school staff.



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Form D DEED OF INDEMNITY

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)

Please keep this form at home should you need to change medication. If changes are required, please get your doctor to complete.



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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

Please return if you would like us to be able to administer Panadol to your child if necessary.



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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

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



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Form G ADMINISTRATION OF MEDICATION ON A SHORT-TERM BASIS

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:

