



Administration of Medication Policy

*This policy relates to **Child Safe Standard 2, 3 & 6***

If your child must take medication at school, a signed, written instruction must be given to the class teacher or office staff. All medication is to be given to the class teacher or office staff (never stored in children's bags). All medication will be stored in a safe location.

Under no circumstances will medication be administered without written permission.

SHORT TERM/AS NEEDED MEDICATION ADMINISTRATION FORM

Student's Name: _____

Grade: _____

Name of Medication: _____

Dosage: _____ Time to Administer: _____

Type of illness or disease: _____

Doctor's Name: _____ Phone: _____

Other Comments:

I hereby confirm my primary responsibility to administer medication to my child. However, in the event I am unable to do so, I authorize St. Joseph's School and its employees and agents, on my behalf and stead, to administer or attempt to administer to my child, or allow my child to self-administer while under supervision, medication in the manner described above. I further acknowledge and agree that when the medication is administered or attempted to be administered, I waive any claims I might have against St. Joseph's School, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of actions, or injuries incurred or resulting from the administration or attempts at administration of said medication. I understand that my child is responsible for going to the office at the appropriate time for the medication and that the school may contact the physician or other health care professional if there are problems regarding the medication or administration of the medication.

Parent Signature _____

Date _____

Evaluation:

- This policy will be reviewed as part of the CEM cyclical review process