

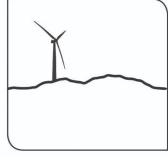
# TE KURA O TAWATAWA RIDGWAY SCHOOL

## Medicine Authority Form

Student Name:	
Teacher:	
Room/Year:	
Family Doctor:	
Prescribing Doctor:	

### MEDICATION DETAILS

Medical Condition:		
Name of Medication:		
Medicine Type (e.g. tablet, liquid)		
Dosage:		
Refrigeration:	Yes	No
Time(s) for medicine to be given:		
Start Date:		
End Date:		
Other (e.g. ongoing, take until finished)		
Additional info (e.g. side effects):		
Does the student also have a health plan for this condition?	Yes	No



# TE KURA O TAWATAWA

---

# RIDGWAY SCHOOL

**PROCEDURE FOR GIVING MEDICINE** (e.g. student can self-administer under supervision, adult required to administer, use syringe provided etc)

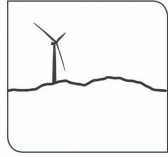
**Please read the following statements and sign below to indicate your agreement:**

- I accept responsibility for the decision to give this medication to my child and acknowledge that the school is in no way responsible for that decision, now or in the future.
- I assure the school that this is not the first time my child has been given this medicine (i.e. the first dose was given at home).
- I accept that the school may not have trained medical personnel to administer medications.
- I accept that the school cannot guarantee that the medication will be given at a precise time or by the same person.
- I will notify the school about any changes in dosage, time, or procedures by filling out a new Medicine Authority Form.
- I will deliver the medication personally to school in its original packaging.
- I will ensure that the medicine is not past its expiry date.
- I accept that the school will dispose of any uncollected medicine at the end of the year.
- I understand that it is my responsibility to supply medicine when needed off site (e.g. trips, camps)

Parent/Caregiver Name:

Signature:

Date:



# TE KURA O TAWATAWA RIDGWAY SCHOOL

## Office Use Only

Student has health plan:	Yes	No
--------------------------	-----	----

Date:	Yes	No	N/A
-------	-----	----	-----

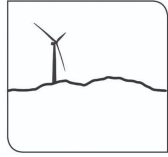
Medication Expiry:			
New Medication Requested:			
New Medication Received:			

New Medication Requested:			
New Medication Received:			

New Medication Requested:			
New Medication Received:			







**TE KURA O TAWATAWA**  
**RIDGWAY SCHOOL**

--	--	--	--