



GRESFORD PUBLIC SCHOOL

Durham Road
Gresford 2311

Ph: 49389304
Fax: 49389430

CONSENT TO DISPENSE MEDICINES (Short Term/Long Term)

I, _____ request my son/daughter _____
(Parent/Guardian) (Full Name) (Class)

to be given _____ at _____
(Name of Medication) (times)

in dosages of _____ from _____ to _____
(ml or tablets) (Date) (Date)

I can be contacted in an emergency at _____. In an emergency requiring medication attention, I authorise
(Phone)

the school to contact: _____
(Doctor) (Address) (Phone)

and/or to organise transportation to the local hospital.

The following conditions will apply:

1. It is your responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use, or when it requires replacement.
2. The school will render whatever aid is necessary to administer the medication, but it is understood that this aid is that of a lay person, without medical training.
3. In consideration of the members of staff of Gresford Public School administering medication to my son/daughter _____ as requested by me I hereby indemnify and keep indemnified The Department of Education & Training and its officers, servants and agents against all actions, suits, claims, demands, proceedings, losses, damages, compensation, costs, charges and any expenses whatsoever in respect of any personal injury or of any infringement, disturbance or destruction of any rights of any person including myself and my son/daughter _____ arising directly or indirectly out of the aforementioned administration of medication.

I agree to the above conditions and also agree to inform the Principal, in writing, of any change in the nature, dosage or frequency

of the medication required by _____ (first name).

Parent/Guardian Signature: _____ Date: _____