



Medicine Notification / Consent Form

This form is to be completed by the parent/guardian whenever medication is to be administered to students by Puahue School staff.

I _____ give my consent and approve that Puahue School Staff administer the medication I have provided for the purpose as described below.

I accept that Puahue School Staff will administer the following prescribed medication in accordance with the medical practitioner's directions on the package or bottle to:

Child's Name: _____, Room _____

Name of medication: _____

Reason for medication: _____

Dosage to be administered: _____

Frequency: _____

Symptoms or triggers (if applicable): _____

Start date: _____ Stop date: _____

Name of prescribing Doctor: _____

Please read and consider the following:

- I understand that Puahue School Staff are not trained health professionals.
- I will provide the School Office with the medication in a sealed bag with this form whenever the medication is required.
- I will notify the School Office if the child no longer needs the medication, or if any changes occur.

Signature: _____ Date: _____

Contact Phone Number: _____