Falls Creek Public School


# 26 Vidler St

Falls Creek 2540

Phone 02 44478243 Fax 02 44478023

email: fallscreek-p.school@det.nsw.edu.au

Barbara Clark –Relieving Principal

**ADMINISTERING OF MEDICATION TO STUDENTS**

Dear Parent or Guardian

I wish to acknowledge receipt of your request for school staff members to administer medication to your child.

Medication will be administered according to written instructions and in good faith. However, it must be understood that while school staff members are prepared to assist, they neither purport to have nor actually possess medical expertise or qualifications.

It must be understood that complex and unpredictable demands upon school staff prevent our guaranteeing that medication will be administered at precise times. Where timing of administration of medications is a life sustaining imperative, parents are requested to visit the school to administer medication as required or to keep the child at home until the critical situation has passed.

As a pre-condition to school staff administering medication, the NSW Department of Education requires a parent or guardian to sign a Deed of Indemnity as attached. Kindly complete the relevant details, sign the Deed of Indemnity in the presence of another adult who must also document as a witness.

The Deed of Indemnity must be accompanied by written instructions which include your child’s name and class, name of medication, instructions of administration and the name of the dispensing pharmacy.

Yours faithfully

Barbara Clark

Principal

ADMINISTRATION OF MEDICATIONS

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dispensing Pharmacist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***OFFICE USE ONLY: Deed of Indemnity sighted and filed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_***