

TAWHAI SCHOOL MEDICAL REGISTER

Please complete this form in black or blue biro only

Student's Name:		Rm :
Family Dr :		Dr Phone :
Emergency Contacts - other than parents. Please complete all three		
Name	Relationship to child	Phone

MEDICAL CONDITIONS OR PROBLEMS: (include allergies, eg to sunblock)
 If your child suffers from asthma please complete the separate Asthma Plan. If your child has hearing or vision problems, please detail these.

IMMUNISATION CERTIFICATE:

Please bring a copy of your child's Immunisation Certificate which is required to be held in the school office. sighted complete [office use only]

TREATMENT:

ADMINISTRATION OF MEDICATION:
 The staff of Tawhai School are willing to administer medication to your child under the following conditions:

1. That the medication is provided to the school office by the parent or caregiver.
2. That full details are provided as to the administration of the medication.
3. That the staff will take all reasonable steps to ensure that the medication is administered according to the instructions, but cannot be held responsible for:
 - side effects of the medication
 - not giving the medication on any particular occasion
 - not giving the medication in accordance with instructions
 - monitoring the schedule for the giving of medication

If you accept the above conditions please complete the following.

I give permission for medication (specify) _____

for the treatment of (specify condition) _____

to be held at school in secure cupboard and for staff to administer.

Dosage to be given : _____ Time dosage to be given : _____

Signature of parent or caregiver _____

Sometimes it is necessary to give a child some pain relief when caregivers cannot be contacted. If you give permission for the child named above to be given one dose of paracetamol (120mg per 5ml) at the recommended dose for the relief of pain or fever, please sign here.

Signature : _____

Please attach copy of immunisation certificate