



APPENDIX 1 A

**Letter of Consent to School Management for
use of
medication in School.**

My child _____ is prescribed medication by her/his doctor.

With regard to the medication, if we feel our child is incapable of knowing when s/he needs it we will, if necessary make arrangements for the administration of medication during school hours.

I accept that the teachers have no responsibility in administering the above, or seeing that s/he has it in school.

Signed: _____

Parent: _____

Address : _____

Contact Phone no. for emergency: _____

Family Doctor's phone no. _____

Date: _____

A situation may occur where the school may feel it necessary to contact your family doctor. It is imperative that you give us his/her phone number. Please ensure that the medication is clearly labelled with the child's name.