TEMPLATE

Agreement for self-administering medication

Ministry of Education guidance for early learning services and schools on [supporting ākonga with health conditions](https://www.education.govt.nz/school/health-safety-and-wellbeing/student-and-staff-health/health-conditions-in-education-settings-supporting-children-and-young-people-2/)

Name of school/setting: ...................................................................................................................................

Child’s/young person’s name: .........................................................................................................................

Group class/form: ............................................................................................................................................

Address: ..........................................................................................................................................................

Name of medicine: ..........................................................................................................................................

Emergency procedures: ..................................................................................................................................

Primary contact’s name: ..................................................................................................................................

Daytime phone number: ..........................................................................................................................................

Relationship to child: .......................................................................................................................................

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signed: .......................................................................... Date: .............................................................