TEMPLATE

Parent and staff agreement for service/school to administer 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/)

**ECE service/school and child/young person information**

Name of early learning service or school: .......................................................................................................

Name of child or young person: ......................................................................................................................

Child or young person’s date of birth: .................................. Group/class/form: .............................................

Health condition: ..............................................................................................................................................

Medical information: ........................................................................................................................................

Medication name/type (as described on the container): ..................................................................................

Date dispensed: ........................................................ Expiry date: .................................................................

Dosage and method: .......................................................................................................................................

Times to be given: ...........................................................................................................................................

Special precautions: ........................................................................................................................................

Side effects: ....................................................................................................................................................

Self-administration: Yes No

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

**GP/health professional information**

Name: .............................................................................................................................................................

Daytime telephone: .........................................................................................................................................

**Parent/caregiver information**

Name: ..............................................................................................................................................................

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

Daytime telephone: .........................................................................................................................................

Work telephone: ..............................................................................................................................................

Mobile: .............................................................................................................................................................

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

**Signatures**

**EITHER**

I ………………....................……….. (ECE service manager/principal) understand that a designated staff

member must deliver the medication personally to ……………………….. (name of child/young person).

It is agreed that ………………................................................. (name of child/young person) will receive

………………………………….. (quantity and name of medication) every day at ………………………...…..

(time/frequency).

**OR**

………………………… (name of child/young person) will be supervised while he or she takes medication

by ………………………… (name/s of staff member).

This arrangement will continue until ……………………………. (either end date of course of medication

or until instructed by parents/caregivers).

Signature (ECE service/principal): .............................................. Date: ...................................................

I ………………………….. (print name of parent/caregiver) understand that I must notify the ECE service/

school of any changes in writing. I agree for the ECE service or school to administer medication.

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