**HEBRON CHRISTIAN ACADEMY**

PERMISSION FROM PARENT AND DOCTOR: CHILD'S (LEARNER'S) SELF- ADMINISTERING OF MEDICATION

*This form must be completed by the parent/guardian/caregiver and approved by a medical practitioner*.

## A) LEARNER AND MEDICATION DETAILS:

Learners' name: …… Grade: ……

Name of class teacher: …….....

Learner's residential address: …….

Condition or illness for which medication is required:..…….

Brand name of medication: ……..

Potential side-effects or adverse reactions to medication: …….

What to do in an emergency: …….....

## B) CONTACT INFORMATION:

Name of parent: ……

Contact numbers *(in event of emergency)*: …….

Relationship to learner: ……

## C) DECLARATION FROM PARENT

I, ……, (parent) give permission for my child …… to keep his/her medication on him/her for use as required. He/she is capable of taking his/her own medication and I understand that the school cannot be held responsible for the use of, or failure of my child to use his/her medication while at school, or at school events

Signed: ……. Date: ……

## D) DECLARATION FROM CONSULTING MEDICAL PRACTITIONER (DOCTOR)

Name of medical practitioner: …….

Contact numbers: ……..

Address of medical practitioner: ……

I,……..…(Medical doctor), support the recommendation that ……..
(Name of learner) be permitted to administer his/her own medication while at school

Signed: …….. Date: ……..

## E) ACKNOWLEDGEMENT OF SCHOOL

This school approves the request from the parent, supported by the consulting medical practitioner, that the learner ……..be permitted to self-medicate him/herself with the medication as indicated above only.

This approval is conditional upon the learner;

a) Using the medication as prescribed above only
b) That such medication is clearly marked and secured in a manner which prevents other learners from gaining access to it and using it
c) The learner uses the medication strictly according to the medical practitioners instructions
d) The learner does not offer or give the medication to any fellow learner

…… …….. ……./……./20……

Name Signature Date

First Aider