

**Administration of
Medicines / Emergency
Procedures for Pupils
with Medical
Conditions**

**June
2022**

Whitechurch National School
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Acting Chairperson
Rev. Canon A. Galligan

Principal
Ms. Sarah Richards

Deputy Principal
Ms. Judy Brown

Administration of Medicines Policy

Rationale:

The policy as outlined was put in place to:

- clarify areas of responsibility
- give clear guidance about situations where it is not appropriate to administer medicines
- indicate the limitations to any requirements which may be notified to teachers and school staff
- outline procedures to deal with pupils who have existing/known medical conditions in our school
- safeguard school staff that are willing to administer medication
- protect against possible litigation
- ensure that clear instructions are available to school staff on dealing with emergencies

Relationship to School Ethos:

The school promotes positive home-school contacts, not only in relation to the welfare of children, but in relation to all aspects of school life. This policy is in keeping with the school ethos through the provision of a safe, secure and caring school environment and the furthering of positive home-school links.

Aims of this Policy:

The aims and objectives of the policy can be summarised as follows:

- To minimise health risks to children and staff on the school premises
- To fulfil the duty of the BoM in relation to Health and Safety requirements
- To provide a framework within which medicines may be administered in cases of emergency or in instances where regularised administration has been agreed with parents/guardians

In –School Procedures:

Parents are required to inform the school about any medical conditions their child/ children may have on enrolment or as soon as a condition develops at a later date. In order for the school to put in place appropriate supports, parents are asked to notify the school in advance of a child starting where the child in question will require significant medical supports such as assistance with toileting, training of staff members, etc. No member of staff is obliged to administer medicine or drugs to a pupil and any teacher willing to do so works under the controlled guidelines outlined below.

- Prescribed medicines will only be administered after parents of the pupil concerned have written to the BoM requesting the Board to authorise a member of the teaching staff to do so. Under no circumstance will non-prescribed medicines be either stored or administered in the school. The Board will seek indemnity from parents in respect of any liability arising from the administration of medicines.
- The school generally advocates the self administration (e.g. inhalers) of medicine under the supervision of a responsible adult, exercising the standard of care of a prudent parent. A small quantity of prescription drugs will be stored in the First Aid cabinet/child's classroom if a child requires self-administering on a daily basis and

parents have requested storage facilities. Only medication to be inhaled, administered orally or injected (e.g. Anapen, Epipen) will be administered in school. Parents are responsible for the provision of medication, notification of change of dosage, and making sure that the medication is 'in date'.

- Teachers have a professional duty to safeguard the health and safety of pupils, both when they are authorised to be on the school premises and when they are engaged in authorised school activities elsewhere.
- The Board of Management requests parents to ensure that teachers be made aware in writing of any medical condition suffered by any child in their class.
- This does not imply a duty upon school staff personally to undertake the administration of medicines or drugs.
- School staff will not be asked to take responsibility for administration of any medication which, if administered incorrectly or for another reason, could have a damaging effect on the health of a child.
- School staff will be informed of any serious or chronic medical conditions affecting the pupils in their charge. They will also be provided with details for both the administration of medicines and any emergency procedures applicable to these children as outlined by their parents and/or G.P.
- No pupil should have any medication in school without the knowledge of the school.
- It is the parent's/guardian's responsibility to alert coaches/After School activity personnel of their child's medical condition.

Long Term Health Problems

Where there are children with long-term health problems in school, proper and clearly understood arrangements for the administration of medicines must be made with the Board of Management. This is the responsibility of the parents/guardians. It would include measures such as self administration, administration under parental supervision or administration by school staff.

Life Threatening Conditions

Where children are suffering from life threatening conditions, parents/guardians must clearly outline, in writing, what should be done in a particular emergency situation, with particular reference to what may be a risk to the child. If emergency medication is necessary, arrangements must be made with the Board of Management. A letter of indemnity must be signed by the parents in respect of any liability that may arise regarding the administration of medication.

Guidelines for the Administration of Medicines

1. The parents of a pupil with special medical needs must inform the Board of Management in writing of the condition, giving all the necessary details of the condition. The request must also contain written instruction of the procedure to be followed in administering the medication.
2. Parents must write requesting the Board of Management to authorise the administration of the medication in school.
3. Where specific authorisation has been given by the Board of Management for the administration of medicine, the medicines must be brought to school by the parent/guardian/designated adult.
4. A written record of the date and time of administration must be kept by the person administering it.
5. Parents/Guardians are responsible for ensuring that emergency medication is supplied to the school and replenished when necessary e.g. When out of date or when depleted.
6. Emergency medication must have exact details of how and when it is to be administered.
7. Parents are further required to indemnify the Board of Management and members of the staff in respect of any liability that may arise regarding the administration of prescribed medicines in school.
8. While it is the parents/ guardians responsibility to make a request for a Medical Information and Administration of Medicines Form the school will endeavour to email parents in advance of a new school year to remind them of same.
9. All correspondence related to the above are kept in the school.

10. If the school feels that a child requires medical attention above and beyond a reasonable level of care that can be provided in a class setting, then an application for access to a Special Needs Assistant will be made to the local S.E.N.O. (Special Educational Needs Organiser). Until such time as access to an S.N.A. is granted, the school may require the parent/guardian to administer the medication at the school. In extreme circumstances, where the Board of Management feels that the school cannot ensure a reasonable level of health and safety for the child, then the Board of Management may request that the child not attend the school until such time as measures can be put in place that provide a reasonable level of health and safety for the child. Please note that where a child is unable to attend school for medical reasons, access to a home tutor may be granted by the Department of Education and Skills.

Medicines (*Medication in this policy refers to necessary, ongoing prescribed medicines, tablets and sprays administered by mouth/automatic injection devices e.g. Anapen*)

- Non-prescribed medicines will neither be stored nor administered to pupils in school.
- Teachers/SNAs in the school will only administer prescribed medication when arrangements have been put in place as outlined in this policy.
- A record of any medication administered will be kept by the staff member administering the medication (Appendix 5).
- Arrangements for the storage of certain emergency medicines, which must be readily accessible at all times, must be made with the Principal.
- There is a First Aid cabinet in the photocopier room which is used to store emergency medicines.
- School staff members must not administer any medication without the authorisation of the Board of Management.
- The prescribed medicine must be self-administered if possible. Parents must inform the school if medication needs to be administered under the supervision of an authorised Teacher/SNA, if not the parent/ guardian.
- No teacher/SNA can be required to administer medicine or drugs to a pupil unless they are in agreement to do same.
- In an emergency situation, qualified medical assistance will be secured at the earliest opportunity and the parents/ guardians contacted.
- It is recommended that children keep their inhalers in their school bags.
- Where possible, the parents should arrange for the administration of prescribed medicines outside of school hours.
- The school may request that parents/ guardians arrange for the school staff to be given training/a demonstration on the use and administration of certain medicines by the child's doctor/ other relevant medical professional.
- If the child is going off site e.g. a school tour, the medication must be carried either by the child/the teacher in charge/an SNA.
- Any medication remaining at the end of the school year is to be collected by parents/guardians.
- Parents/guardians are responsible for ensuring that the school has adequate supplies of their child's medication, renewing medication as needed and ensuring medication is in date.
- Parents/guardians have to ensure the safe delivery of medication in person to their child's class teacher directly and not to the school secretary.
- The Board of Management shall ensure procedures for the safe storage of medication and procedures for the administration of medication in the event of the authorised staff member's absence are in place

The following guidelines are in place with regard to pupils with an Allergy

1. Parents/guardians inform the school of any allergy their child may have.
2. Strategies to deal with allergies will be decided on a case by case basis depending on severity of allergy.
3. Parents complete Allergy details form (Appendix 2)
4. Parents/guardians will be asked for clear instructions, to be given in writing, as to how the school should deal with signs/symptoms of an allergic reaction.
5. All medication must be labelled by the parent/guardian with their child's full name and directions for use.

6. All parents and school staff are informed if a child/ children has/ have a serious nut allergy and are requested to refrain from giving nuts to their child for school lunch.
7. Children are advised not to offer or exchange foods, sweets, lunches etc.
8. If going off site, medication must be carried.

The following guidelines are in place with regard to pupils with Anaphylaxis

1. Parents/guardians inform the school of any allergy their child may have.
2. Parents complete Allergy details form (Appendix 2)
3. It is the responsibility of the parents/guardians to notify the school in writing and give the school all information regarding known triggers and the severity of an allergy.
4. Parents/guardians of all children in the school are informed that children in the school have anaphylaxis and are asked not to include named trigger foods in lunches.
5. Where another child in the class brings a trigger food in his/her lunch box the trigger food is removed from his/her lunch box and sent to the school office for safe disposal.
6. Children are advised not to offer or exchange foods, sweets, lunches etc.
7. If going off site, medication must be carried.
8. Clear instructions in respect of the pupil will be displayed in the photocopier room, child's classroom and in First Aid boxes.
9. In the event of a pupil going into anaphylactic shock an ambulance will be called. The Anapen/Epipen will be administered to pupil and handed to the ambulance crew on arrival.

Emergencies:

In the event of an emergency, teachers should do no more than is necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.

Where no qualified medical treatment is available, and circumstances warrant immediate medical attention, an ambulance may be requested. Parents/guardians will be contacted to apprise them of the situation.

In addition, parents/ guardians must ensure that their child's class teacher is made aware in writing of any medical condition which their child is suffering from. For example, children who have Epilepsy, Diabetes etc. may experience a medical emergency at any time so teachers must be made aware of symptoms in order to ensure that treatment may be given by appropriate persons. If parental instructions need to be changed these must be given in writing. Verbal instructions will not be accepted.

Written details are required from the parents/guardians outlining the child's personal details, name of medication, prescribed dosage, whether the child is capable of self-administration and the circumstances under which the medication is to be given. Parents/guardians should also outline clearly, proper procedures for children who require medication for life threatening conditions.

The school maintains an up to date register of contact details of all parents/guardians including emergency numbers. This is updated in September of each new school year. If contact details change during the school year, parents/ guardians are required to notify the school so that the register can be updated.

First Aid Boxes:

A full medical kit is taken when children are engaged in out of school activities such as school tours, football/hockey games and athletic activities.

A first aid box is kept in the kitchen off the school hall and the 6th class classroom (designated break time toilet and First Aid room) containing anti-septic wipes, anti-septic bandages, sprays, cotton wool, scissors, ice packs etc.

Emergency procedures:

Parents are required to complete the **Medical Information and Administration of Medicines Form** (Appendix 2) outlining their child’s symptoms and step by step emergency procedures which should be followed.

These details will be given to each staff member and will also be kept:

- in the child’s file in the office
- on the wall beside the photocopier in the photocopying room with child’s photo
- on the classroom wall beside the teacher’s desk with the child’s photo
- in each First Aid box
- in a pack for new teachers/ substitute teachers

General Recommendations:

We recommend that any child who shows signs of illness should be kept at home; requests from parents to keep their children in at lunch break are not encouraged. A child too sick to play with peers outside should not be in school.

Roles and Responsibilities:

The BoM has overall responsibility for the implementation and monitoring of the school policy on Administration of Medication. The Principal is the day to day manager of routines contained in the policy with the assistance of all staff members. Laoighse de Búrca is the Safety Officer and the maintenance and replenishment of First Aid Boxes is a post of responsibility undertaken by Maria Dunleavy. At the start of each school year Yvonne Shirley compiles a list of all pupils with medical conditions, parent contact details, their symptoms and emergency procedures as outlined by their parents in Appendices 2-4. This list is updated during the year if additional children develop medical conditions.

General First Aid Training

All staff members complete a 2 hour general first aid course every second year.

Success Criteria:

The effectiveness of the school policy in its present form is measured by the following criteria:

- Compliance with Health and Safety legislation
- Maintaining a safe and caring environment for children
- Positive feedback from parents/teachers
- Ensuring the primary responsibility for administering remains with parents/guardians

Ratification and Review:

This policy was ratified by the BoM in June 2022.

It will be reviewed in the event of incidents or on the enrolment of a child/children with significant medical conditions.

This policy was adopted by the Board of Management on:

_____ [date]

Signed: _____ **Signed:** _____

Chairperson of the Board of Management

Principal

Date: _____ **Date:** _____

Appendix 1

Checklist for parents of children with medical conditions

1. Read the **Administration of Medicines/Emergency Procedures for Pupils with Medical Conditions** policy (available on school website)
2. Prior to pupils returning to school at the start of Term 1 each year, parents/ guardians must complete and return the **Medical Information and Administration of Medicines form, the Indemnity declaration letter** to the Board of Management and the relevant **medical condition form** as follows below. N.B. the Board of Management will not accept into its care pupils with serious medical conditions without the proper and relevant documents and medications having been given to the school, so that it can ensure a reasonable ability to carry out its duty of care.

3 Different forms- to be completed and returned only if relevant:
 - Allergy- Appendix 2
 - Asthma- Appendix 3
 - All Other Medical Conditions- Appendix 4
3. In the case of potentially life threatening conditions include a G.P. letter.
4. Bring the medicine to school and **give directly to the class teacher** ensuring the relevant forms have been submitted in advance to the school.
5. Label medication clearly with your child's name and dosage on it.
6. Take note of the expiration date of your child's medication.
7. Collect and replace out-of-date medication prior to the expiration date during the school year.
8. Notify the school of any changes, in writing, of your child's medical condition and/or changes in prescribed medication (or dosage).
9. Collect any unused medication at the end of the school year.

Appendix 2

Allergy details

If your child suffers from any **allergies and/or anaphylaxis** please complete this form

Date form completed by parent: _____

Date form received by school: _____ (office use only)

Medical Information and Administration of Medicines:

1. Student Information

Child's name	
Class	

2. Emergency Contacts

Name	Phone	Relationship to pupil

3. Details of Pupil's Medical Condition

Name of condition	Allergy
Does your child need to take prescribed medication during school hours?	
Name of any <i>regular</i> medication to be administered during school hours, if any	
Name of any <i>emergency</i> medication to be administered in school, if any	

Signed: _____ Date: _____

Indemnity Declaration Letter to Board of Management:

- I/ We request that the Board of Management of Whitechurch N.S. authorise the taking of prescription medicine during the school day as it is absolutely necessary for the continued well-being of my/ our child.
- I/ We understand that we must inform the school at the start of each school year or as soon as a medical condition develops of the prescription/ medical condition.
- I/ We understand that we must inform the school/ class teacher of any changes of medicine/ dose in writing.
- I/ We understand that it is my/ our responsibility to ensure that medication provided is 'in date' and replenished as necessary.
- I/ We understand that school staff are not medical professionals and have no medical training and I/ we indemnify the Board of Management and school staff of Whitechurch National School from any liability that may arise from the administration of, or failure to administer the relevant medication.
- I/We indemnify the Board of Management and school staff of Whitechurch National School in respect of any losses, claims, demands, actions or proceedings whatsoever arising from any statute or common aw in respect of personal injury or injury of any nature whatsoever arising out of or in the course of or caused directly or indirectly by the storage of the said medication by or at the school and/or administration of the said medication to my/our child.
- I/ We have read, understand and agree to the terms and conditions as set out in the school's **Administration of Medicines/ Emergency Procedures for Pupils with Medical Conditions** policy which is available on the school's website (www.whitechurchns.biz)

Signed: _____ (Parent/ Guardian)

Date: _____

Signed: _____ (Parent/ Guardian)

Date: _____

Type of allergy	
Expected reaction level <i>i.e. Low Medium High</i>	
Is your child at risk from anaphylaxis from this allergy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Triggers/things that worsen condition	
Details of any special considerations that need to be made during school activities (if any)	
Does your child need to take any prescription medication in school for this condition?	If no , please indicate any actions to be taken by school staff (When, why, how...)
	If yes , please complete details below by placing a tick in the appropriate box
My child can self-administer this medication	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
My child requires adult supervision during administration of this medication	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Details of Medication for allergy/anaphylaxis

Name	Dosage required	Expiry date

Storage details

Desired storage location	Please type in desired location below
First Aid cabinet in photocopying room	
Class teacher's desk	
Child's school bag	
Other (please give details)	

Administration Procedure (when, why, how...)

Please make a list of step by step procedures to be followed, outlining clearly what can and can't be done in a particular situation, with particular reference to what may be a risk to your child.

Please include in the list at what stage parents should be notified and/ or emergency services (911) called.

In the event of _____ (insert child's name) displaying any of the following symptoms of his/ her medical difficulty
List of symptoms
the following procedures should be followed
<ol style="list-style-type: none">1.2.3.4.5.6.7.8.9.10.11.12.

Parental agreement:

I understand that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed by parent/guardian _____

Print name: _____ Date: _____

Permission for emergency medication:

In the event of an emergency I give permission for my child to receive medication or treatment by a staff member as set out in the emergency plan.

Signed by parent/guardian _____

Print name: _____ Date: _____

Appendix 3

Asthma details

If your child suffers from **asthma** please complete this form

Date form completed by parent: _____

Date form received by school: _____ (office use only)

Medical Information and Administration of Medicines:

4. Student Information

Child's name	
Class	

5. Emergency Contacts

Name	Phone	Relationship to pupil

6. Details of Pupil's Medical Condition

Name of condition	Asthma
Does your child need to take prescribed medication during school hours?	
Name of any <i>regular</i> medication to be administered during school hours, if any	
Name of any <i>emergency</i> medication to be administered in school, if any	

Signed: _____ Date: _____

Indemnity Declaration Letter to Board of Management:

- I/ We request that the Board of Management of Whitechurch N.S. authorise the taking of prescription medicine during the school day as it is absolutely necessary for the continued well-being of my/ our child.
- I/ We understand that we must inform the school at the start of each school year or as soon as a medical condition develops of the prescription/ medical condition.
- I/ We understand that we must inform the school/ class teacher of any changes of medicine/ dose in writing.
- I/ We understand that it is my/ our responsibility to ensure that medication provided is 'in date' and replenished as necessary.
- I/ We understand that school staff are not medical professionals and have no medical training and I/ we indemnify the Board of Management and school staff of Whitechurch National School from any liability that may arise from the administration of, or failure to administer the relevant medication.
- I/We indemnify the Board of Management and school staff of Whitechurch National School in respect of any losses, claims, demands, actions or proceedings whatsoever arising from any statute or common aw in respect of personal injury or injury of any nature whatsoever arising out of or in the course of or caused directly or indirectly by the storage of the said medication by or at the school and/or administration of the said medication to my/our child.
- I/ We have read, understand and agree to the terms and conditions as set out in the school's **Administration of Medicines/ Emergency Procedures for Pupils with Medical Conditions** policy which is available on the school's website (www.whitechurchns.biz)

Signed: _____ (Parent/ Guardian)

Date: _____

Signed: _____ (Parent/ Guardian)

Date: _____

Asthma	
Triggers/things that worsen condition	
Details of any special considerations that need to be made during school activities (if any)	
Does your child need to take any prescription medication in school for this condition?	
If no , please indicate any actions to be taken by school staff (When, why, how...)	
If yes , please complete details below by placing a tick in the appropriate box	
My child can self-administer this medication	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
My child requires adult supervision during administration of this medication	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Details of Medication for asthma

Name	Dosage required	Expiry date

Storage details

Children with asthma medication must carry their medication in their schoolbag in a clearly named bag/sturdy box.
My child will bring his/her asthma medication to school everyday Yes <input type="checkbox"/> No <input type="checkbox"/>
My child will bring his/her asthma medication to school when needed, as determined by me (parent/guardian) Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes , please note, you must inform your child's class teacher, in writing , that your child has asthma medication in school on a particular day. You must provide written details of when and if it is to be administered on that particular day.

Administration Procedure (when, why, how...)

Please make a list of step by step procedures to be followed, outlining clearly what can and can't be done in a particular situation, with particular reference to what may be a risk to your child.

Please include in the list at what stage parents should be notified and/ or emergency services (911) called.

In the event of _____ (insert child's name) displaying any of the following symptoms of his/ her medical difficulty
List of symptoms
the following procedures should be followed
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.

Parental agreement:

I understand that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed by parent/guardian _____

Print name: _____

Date: _____

Permission for emergency medication:

In the event of an emergency I give permission for my child to receive medication or treatment by a staff member as set out in the emergency plan.

Signed by parent/guardian _____

Print name: _____

Date: _____

Appendix 4

Details of all other medical conditions

If your child suffers from **any other medical condition that requires ongoing, prescribed medication to be administered during the school day**, please complete this form

Date form completed by parent: _____

Date form received by school: _____ (office use only)

Medical Information and Administration of Medicines:

7. Student Information

Child's name	
Class	

8. Emergency Contacts

Name	Phone	Relationship to pupil

9. Details of Pupil's Medical Condition

Name of condition	
Does your child need to take prescribed medication during school hours?	
Name of any <i>regular</i> medication to be administered during school hours, if any	
Name of any <i>emergency</i> medication to be administered in school, if any	

Signed: _____ Date: _____

Indemnity Declaration Letter to Board of Management:

- I/ We request that the Board of Management of Whitechurch N.S. authorise the taking of prescription medicine during the school day as it is absolutely necessary for the continued well-being of my/ our child.
- I/ We understand that we must inform the school at the start of each school year or as soon as a medical condition develops of the prescription/ medical condition.
- I/ We understand that we must inform the school/ class teacher of any changes of medicine/ dose in writing.
- I/ We understand that it is my/ our responsibility to ensure that medication provided is 'in date' and replenished as necessary.
- I/ We understand that school staff are not medical professionals and have no medical training and I/ we indemnify the Board of Management and school staff of Whitechurch National School from any liability that may arise from the administration of, or failure to administer the relevant medication.
- I/We indemnify the Board of Management and school staff of Whitechurch National School in respect of any losses, claims, demands, actions or proceedings whatsoever arising from any statute or common aw in respect of personal injury or injury of any nature whatsoever arising out of or in the course of or caused directly or indirectly by the storage of the said medication by or at the school and/or administration of the said medication to my/our child.
- I/ We have read, understand and agree to the terms and conditions as set out in the school's **Administration of Medicines/ Emergency Procedures for Pupils with Medical Conditions** policy which is available on the school's website (www.whitechurchns.biz)

Signed: _____ (Parent/ Guardian)

Date: _____

Signed: _____ (Parent/ Guardian)

Date: _____

Type of medical condition	
Triggers/things that worsen condition	
Details of any special considerations that need to be made during school activities (if any)	
Does your child need to take any prescription medication in school for this condition?	
If no , please indicate any actions to be taken by school staff (When, why, how...)	
If yes , please complete details below by placing a tick in the appropriate box	
My child can self-administer this medication	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
My child requires adult supervision during administration of this medication	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Details of Medication

Name	Dosage required	Expiry date

Storage details

Desired storage location	Please type in desired location below
First Aid cabinet in photocopying room	
Class teacher's desk	
Child's school bag	
Other (please give details)	

Administration Procedure (when, why, how...)

Please make a list of step by step procedures to be followed, outlining clearly what can and can't be done in a particular situation, with particular reference to what may be a risk to your child.

Please include in the list at what stage parents should be notified and/ or emergency services (911) called.

In the event of _____ (insert child's name) displaying any of the following symptoms of his/ her medical difficulty
List of symptoms
The following procedures should be followed
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.

Parental agreement:

I understand that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed by parent/guardian _____

Print name: _____ **Date:** _____

Permission for emergency medication:

In the event of an emergency I give permission for my child to receive medication or treatment by a staff member as set out in the emergency plan.

Signed by parent/guardian _____

Print name: _____ **Date:** _____

