

Confirmation of prescribed medication administration arrangements

Dear (insert name)

This letter is to advise you that the school has agreed to administer (medication prescribed) to (student's name), (year/class) at these times: (times of administration). The school will make every endeavour to provide the medication at the times requested although some variations may be unavoidable on occasion. Please contact me if this raises particular concerns.

The school has agreed that the prescribed medication will be delivered to school by name and on a (specify daily/weekly or other) basis.

Replace the above paragraph with the following only if the parent/carer requested that the child carry their own medication to and at school.

This letter is to advise you that your request for (insert name of school) to carry their own (insert name of medication/ adrenaline device and/or asthma reliever medication) to school and at school is support and confirmed.

The school has agreed to (student's name) carrying this medication to and at school. I have outlined below how this arrangement will occur at school (insert agreed details of how and where the student will carry their medication).

Include the following paragraph if the arrangement relates to use of an adrenaline device or asthma reliever medication.

Where the adrenaline device is carried by your child they will need to carry it with a copy of their ASCIA Action Plan for Anaphylaxis (see <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>). For asthma reliever medication your child should carry it with a copy of their Asthma Action Plan.

Include the following paragraph only if the parent/carer requested that the child self administer medication.

Your request for (student's name) to self administer prescribed medication is supported/not-supported. (If 'supported' insert the following statement: The school will continue to work with you to support your child in managing the administration of this medication.)

Please provide the prescribed medication and any associated equipment to the school as required. If you cannot send the prescribed medication as per the agreed arrangement, please contact me to discuss alternative arrangements.

If there are any changes in your child's health care needs or your contact details, please inform the school as soon as possible. Please contact the school if at any time you have any concerns or questions about these arrangements for support.

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This arrangement will be reviewed annually or when there is a change in your child's health needs or if the situation arises where this plan cannot be implemented. If the situation arises where this plan cannot be implemented we will contact you.

Yours sincerely

Signature

Principal's Name

Principal

Date