

Appendix 2.



Calder Valley Steiner Education
The Valley Kindergarten
Making time for childhood

Administration of a Prescribed Medication

Name of Child:

Medication Prescribed	Dose	Frequency	Teacher Signature	Parental Signature	Length of time required

Teacher full name:

Parent full name:

Relation to child:

Document completed:

Risk assessment completed:

Signed:

Position:

Date:

NB. The teacher must be happy with frequency, dosage, storage and administration before signing this form.
The parent must have signed this form before the medication can be administered in the education setting.



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Appendix 3.

Children with a Medical Condition

Name	Class	Condition	Individual Medical Plan Completed