Administration of Medication

To ensure the safety of all students at ISV, the following guidelines should be followed when medications are to be sent to school.

1. All medications (with the exception of inhalers, skin creams / lotions and anything required to treat anaphylaxis such as Epipen) must be handed over to your child/ren's Homeroom Teacher directly to the school Homeroom teacher in the original container with the original labels intact for safe storage. The labels must legibly detail (in English or Vietnamese) the name of the medicine, dosage and frequency of administration.

2. Written orders from a doctor detailing the name of the medicine, dosage and time intervals the medication must be included.

3. Written permission from the parent/guardian requesting the school nurse give the medication according to the doctor's order.

4. The student must have been given one dose of the prescribed medication at home with no adverse reaction seen by the parent/guardian.

5. The students' teacher must be informed of when the student needs to attend the Health Centre to receive the medication. It is the responsibility of the student & teacher to remember. The nurse may not be free to look for the student.

I, ______________________________, request and give permission for the School Nurse to supervise my child, ________________________of Grade______ self administering/or administer the following medication/s according to the stated directions. We understand and agree that the school will not be held responsible for any ill effects which might occur in connection with administration of this medication.

Name of Medication:  ______________________________________________
Dosage:    ______________________________________________
Frequency:    ______________________________________________
Time(s) to be given:    ______________________________________________
Dates to be given:   From ____________________to ___________________
Reason for medication:  _____________________________________________

Parent Signature______________________ Date___________________
Phone number: _____________________