Appendix D

UPDATE FORM: ADMINISTRATION OF MEDICINES/ CONTINUAL SUPPORT REQUIRED FOR YOUR CHILD IN THE SCHOOL

Child's Name	
Address	
Date of birth	

Note: This form is updating information provided to the school for the School Year 2021 to 2022

Will your child continue to have a requirement for the possible administration of medicine / support in relation to a medical condition in school for the school year 2021 to 2022 ?

YES ☐ NO ☐

If you ticked the YES box above, please answer the following questions:-

1. Have you provided up-to-date contact information to the school?
   YES ☐ NO ☐
2. Have you provided up-to-date information or instructions on the administration of medication / medical support for your child in the event of it being required?
   YES ☐ NO ☐
3. Have you provided in-date medication for your child to the school?
   YES ☐ NO ☐ N/A ☐
4. Have you provided an updated Indemnity Form in the event of any changes to the original information provided?
   YES ☐ NO ☐
5. What is the expiry date for that medication? _____

Signed_____(Parent / Guardian 1) Date _____

Signed_____(Parent / Guardian 2) Date _____