

MEDICATION POLICY & DOCTOR'S CLEARANCE

Administering of medicine at Newton Kindergarten.

Revised on August 14th, 2013.

1. Please use the school's "Medicine Administering Form" to write in the communication book or provide a letter every time you want the school nurse to administer medicine to your child.

The instruction of **dosage** and **before or after meal** must be **clearly** stated.

2. Both **child's name** and the **medicine's name** must be written on the medication package itself.

MAKE SURE the school's "Medicine Administering Form" is included in the back of your child's communication book. If not, inform your child's class-teacher ASAP or print the form below and cut & paste in the communication book.

3. If the instructions above is not clearly stated the nurse WILL NOT administer the medicine to your child.
4. Only our in-school nurse is allowed to administer medicine.
5. **Following any serious illness, the child is required to bring a "clearance letter" from a doctor to be able to return to school.**

Thank you for your cooperation,
Newton Kindergarten

MEDICINE FORMS (fill out and cut out)

classroom:		child's name	
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Date:	Symptoms	Medication	Purpose	Dosage & Time	Parent Signature

classroom:		child's name	
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Date:	Symptoms	Medication	Purpose	Dosage & Time	Parent Signature

classroom:		child's name	
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Date:	Symptoms	Medication	Purpose	Dosage & Time	Parent Signature

classroom:		child's name	
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Date:	Symptoms	Medication	Purpose	Dosage & Time	Parent Signature