



## Parent information: Administration of Medications

Dear Parents

I herewith would like to inform you on the procedure of **administering medicine** and dealing with sick children.

The Deutscher Schulverein Windhoek (1949) has decided on the administration of medication in the school as follows:

- Before substances (medication / supplements) are administered, a **consent form and a liability waiver** (see page 2) must be completed. Without a signed consent, no medication or supplements may be administered.
- Educational employees who are responsible for the relevant child may only administer non-prescription medicines, i.e. medication that is available without a doctor's prescription.
- Prescribed medication (available upon a doctor's prescription only) may not be administered. The only exception is the administration of antibiotics at the end of the incubation period to complete treatment cycle. A written authorization must be issued by the attending physician.

However, the general rule applies:

### **Sick children should not attend school**

A day in school is exhausting for children, who are weakened by an illness. Possible overexertion can have a negative effect on the disease process and may even worsen the child's condition.

In addition, risks of contagions should be avoided.

Children showing symptoms of:

- fever
- diarrhea
- vomiting
- a contagious disease
- cough and runny nose for a long period
- a childhood disease etc.

may not attend school. We reserve the right to inform you in case of a reasonable suspicion of an illness and ask you to fetch your child.

Thank you for your understanding and support.

With kind regards

  
Kristin Eichholz  
(Principal)



## Parental/Guardian Consent Form and Liability Waiver

Name of parent: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home language(s): \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Email: \_\_\_\_\_

### Medication:

Please specify all medications your child needs to take during his/her stay in the care of the DHPS. This includes any prescription, non-prescription medications, herbal supplements and vitamins. **All medications must be given to the class teacher in their original containers with complete dosing instructions. Children are not permitted to carry any prescription or non-prescription medication.**

Name of medication	dose	treatment for	dosing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergy</i>	<i>Take one tablet daily in the morning after meal</i>
_____	_____	_____	_____
_____	_____	_____	_____

### Permission for administration of over-the-counter medication:

Do you give permission that your child is administered over-the-counter medication as demanded and as directed on the label to treat non-emergency medical conditions, such as a minor headache, stomachache or allergic reaction (i.e. Panado, Advil, Buscopan, cough syrup etc.) that do not require a doctor or hospital visit?

**No** Contact me or seek medical assistance if my child has any minor medical concerns.

Parent signature \_\_\_\_\_

**Yes** I give permission for an adult to administer non-prescribed medications as directed for the treatment of non-emergency medical conditions of my child .

Parent Signature \_\_\_\_\_



**Medical conditions:**

Please answer in detail if applicable or indicate n/a. Attach additional information if necessary.

- ◆ Specify any medical conditions of your child (asthma, diabetes, epilepsy, etc.):

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- ◆ Specify any allergies (drug/medicine, food, and/or environmental), the severity and type of reaction:

<b>Allergy</b>	<b>Reaction</b>
<i>Example: pollen allergy</i>	<i>itching</i>
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**Dietary requests must be supported by a statement, signed by a recognized medical authority, which specifies the required food substitution:**

The medical statement must include:

- ✓ a specification of the medical- or special dietary condition which restricts the child's diet;
- ✓ the food(s) to be omitted from the child's diet;
- ✓ alternative food(s) that the child is allowed as substitute(s).

We will unfortunately not be able to provide products from exclusively selected suppliers (e.g. Robertson's or Woolworth's) since an allergy is caused by a certain ingredient and not by a brand or supermarket.

I, \_\_\_\_\_, assume responsibility of all risks, including, but not limited to, injury or illness resulting from food intolerance of my child, \_\_\_\_\_ in any section of the Deutscher Schulverein Windhoek (1949).  
Having read and signed this waiver, I acknowledge that I understand its intent, and I do hereby waive, release and discharge the Deutscher Schulverein Windhoek (1949), its officers, directors, and employees from any blame and liability for any injury, harm, loss, inconvenience, or any other damage of any kind whatsoever, which may result from or be connected in any way to above mentioned food intolerance of my child.