



**MEDICATION POLICY AND PROCEDURES**

**PARENT/GUARDIAN ACKNOWLEDGEMENT**

I/we \_\_\_\_\_ have read, understood and agree to comply with the terms of the Mater Dei School Medication Policy and Procedures.

I/we accept full responsibility for ensuring that all medication sent to school for \_\_\_\_\_ is correct and that Mater Dei is only responsible for following correct administration procedures as per this Policy.

\_\_\_\_\_  
Signed Parent/Guardian 1

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Signed Parent/Guardian 2

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Name (Printed)

\_\_\_\_\_  
Name of Student