TRONDHEIM MUNICIPALITY

Agreement and Instructions on Medication
in Kindergarten and School

Agreement between parents/guardians and kindergarten/day care/school on medication

Child's name   Date of birth

Kindergarten/school   Department/class

There is an agreement between parents/guardians and kindergarten/school that staff can hand out medication according to current practices at the unit. Parents/guardians give permission to the staff to hand out medication. Parents/guardians ensure that appropriate medication is delivered to the kindergarten/school and that necessary information is given to the unit concerning medication.

Trondheim, date   Signature of guardian(s)   Signature of principal

Guardians shall
1. Deliver sufficient amount of medication to the unit
2. Deliver any other equipment necessary to give medication
3. Provide an overview over all medication to be given, and written information about the medication. The overview about medications should preferably be signed by a physician. Deliver a new medical overview in case of adjustments.

The kindergarten/school shall
1. Store medications in a safe manner
2. Ensure that the child/pupil gets their medications according to this agreement and the medical overview
3. Have procedures to ensure that medication is handled and delivered in a responsible manner and that the one who dispenses medicine has the information and knowledge necessary.

This agreement is to be signed in two copies, one for parents/guardians and one for the kindergarten/school.

Instructions for emergency medication

Child's name   Date of birth

Kindergarten/school   Department/class

Type of seizure (*allergic reaction/anaphylactic shock/asthma attacks/diabetes/epileptic seizures/other*)

Type of seizure/reaction

Symptoms/manifestations

Form: Agreement and instructions on medication

Instructions for the case of an attack

The child uses the following medi-
cations in case of an attack

Contact a physician if

Name of physician   Phone

The child's parents are to be notified

Name, guardian 1   Work phone   Private phone

Name, guardian 2   Work phone   Private phone

Date   Physician's signature

Date   Signature guardian 1   Signature guardian 2