

**DAI Workshop Medical Policy Waiver Form  
2022-23**



This form is to be used when a parent/guardian has been made aware of the DAI Administration of Medication Policy and opted to do otherwise than stated in the policy.

**Student:** \_\_\_\_\_

**Workshop:** \_\_\_\_\_

I confirm that I have read and am fully aware of the DAI Administration of Medication Policy.

Yes

I confirm that I deem it unnecessary for myself or another parent/guardian to be present for the full duration of the Workshop should my child need assistance with the administration of prescribed medication.

Yes

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Parent/Guardian)

Date: \_\_\_\_\_

**All data given on this sheet will be stored confidentially and in accordance with GDPR.**