

Parental Consent Form for Administration of Medicine

This form must be completed **in full** and **signed**. The completion of this form does not act as a guarantee that the school will administer medication and the school may refuse to administer medication at any time. Any medication to be administered **must have been administered previously by the parent** to minimise the risk of adverse or allergic reaction to any new medication. All medication must be stored its original container and be clearly labelled with the child's name. Please refer to the Administration of Medication policy for more information.

Name of Child:	
Date of Birth:	
Form:	
Medical Condition / Illness:	
Name of Medicine: (as described on container):	
Is the medicine prescribed?	Yes / No
Is the medicine to be self-administered?	Yes / No
Will the student keep the medicine with them?	Yes / No
Dosage and method:	
Timing(s):	
Duration of course:	
Special Precautions:	
Are there any side effects that you know of?	
Procedures to take in an emergency:	
EMERGENCY CONTACT	
Name:	
Telephone Number:	
Relationship to Child:	
SIGNATURE:	
PRINT NAME:	
DATE:	

FOR OFFICE USE ONLY:

Storage location:	Medicine Cupboard	Fridge	With student	Student Reception	
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