



**ADMINISTRATION OF MEDICATION (LONG OR SHORT TERM)
CONSENT FORM - TO BE COMPLETED BY PARENT/CARER**

MEDICATION (EITHER PRESCRIPTION OR NON-PRESCRIPTION) CAN ONLY BE ADMINISTERED IF THIS FORM HAS BEEN COMPLETED.

ANY PRESCRIBED MEDICATION MUST BE IN THE ORIGINAL PACKAGING WITH A DATED DISPENSING LABEL CLEARLY STATING THE NAME OF THE CHILD AND THE PRESCRIBED DOSAGE.

CHILD'S NAME		DATE OF BIRTH	
YEAR GROUP & CLASS NAME			
MEDICAL CONDITION OR ILLNESS			

MEDICATION NAME			
EXPIRY DATE			
DOSAGE AND METHOD			
FREQUENCY / TIME TO BE GIVEN			
ANY KNOWN SIDE EFFECTS			
SELF-ADMINISTRATION	YES		NO
START DATE OF MEDICATION			
END DATE OF MEDICATION			

YOUR NAME	
RELATIONSHIP TO CHILD	
DAYTIME TELEPHONE NUMBER	
ADDRESS	

PLEASE READ CAREFULLY

THE ABOVE INFORMATION IS, TO THE BEST OF MY KNOWLEDGE, CORRECT. I GIVE CONSENT TO THE SCHOOL STAFF ADMINISTERING THE MEDICATION IN ACCORDANCE WITH SCHOOL POLICY. I WILL INFORM THE SCHOOL IMMEDIATELY IN WRITING IF THERE IS ANY CHANGE IN FREQUENCY OR DOSAGE OF THE MEDICATION OR IF THE MEDICATION IS STOPPED.

SIGNED		DATED	
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