



# **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			

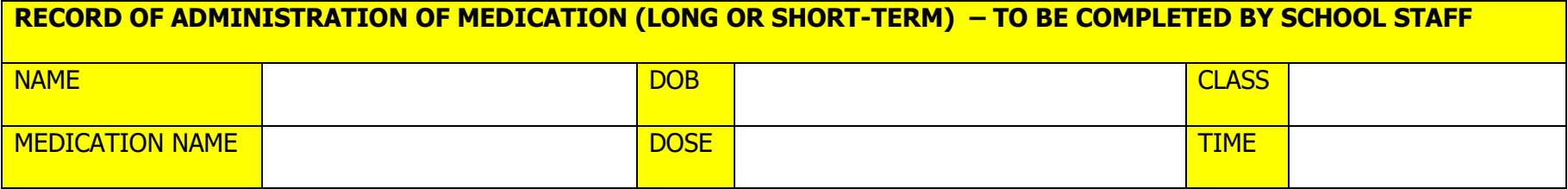
MEDICATION NAME			
EXPIRY DATE			
DOSAGE AND METHOD			
FREQUENCY / TIME TO BE GIVEN			
ANY KNOWN SIDE EFFECTS			
SELF-ADMINISTRATION	YES		NO
START DATE OF MEDICATION			
END DATE OF MEDICATION			

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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