

## Medication Consent Form

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

Child's Name: \_\_\_\_\_

I/We request that (child's name) \_\_\_\_\_ be given

(dose/name of medicine) \_\_\_\_\_

at (times) \_\_\_\_\_

Condition for which medicine is given:

\_\_\_\_\_  
\_\_\_\_\_

I/We accept responsibility for:

- the decision to give this medication to my/our child, and acknowledge that the school is in not responsible for that decision.
- notifying the school about any changes in dosage, time or procedures, by filling out a new Medication Consent Form.
- delivering medication personally to the school.
- ensuring the medicine is not past its 'use by' date.

I/We accept that the school:

- may not have a trained medical officer to administer medications
- cannot guarantee that medication will be given at a precise time or by the same person.
- will dispose of any uncollected medicine at the end of the year.

**Signed:** \_\_\_\_\_ (parent/guardian)

### **Administered: (office use only)**

<input type="checkbox"/>	Date _____	Signed _____
<input type="checkbox"/>	Date _____	Signed _____
<input type="checkbox"/>	Date _____	Signed _____
<input type="checkbox"/>	Date _____	Signed _____
<input type="checkbox"/>	Date _____	Signed _____