Dear Parent,

The following consent form has been provided in order to provide the school with valuable information in regard to your child’s illness. It should be noted that careful consideration should be given as to the seriousness of your child’s illness and their need for attendance at school during this time. Please ensure that all sections of this form are completed correctly as medicine will not be administered if the school has any reservations, or if this form is not provided. Medication must be provided in its original packaging and clearly labelled with your child’s name and dosage.

Student’s Name: __________________________________________________________

Grade: _______________________________ Teacher’s Name: _______________________

Name of Medication: ________________________________________________________

Dates to be given: ___________________________ Times to be given: ___________________

Amount to be given: ___________________________ (ie. how many mls, tablets, puffs etc)

How is this medicine administered?  □ Orally  □ Inhaled  □ Injected  □ Topically

□ Before Food  □ With Food  □ After Food  □ Does Not Matter

Does this medication require refrigeration?  □ Yes  □ No

Emergency Contacts:

Parent / Guardian’s Name: ___________________________________________________

Telephone No: (03) 9 _______ _______ _______ _______ Mobile No: _______ _______ _______ _______

Medical Practitioner’s Name: ________________________________________________

Telephone No: (03) 9 _______ _______ _______

I hereby give my consent that this medication be administered to my child as I have directed above.
I further consent that medical attention may be sought for my child should it be deemed necessary.

Signature of Parent / Guardian: ______________________________________________

Date: _______ / _______ / _______

Please Note: It is the responsibility of the parent/guardian and/or student, to collect their medication from the sick bay at the end of the day.