



MEDICAL INFORMATION - PARENT CONSENT FORM

Name of child:..... Class:.....

Medical condition/ illness:.....

I consent to my child receiving the following medicines in school:

Medicine:.....

Expiry date:.....

Dose required:.....

Time to be administered:.....

IF MORE THAN ONE IS REQUIRED

Medicine:.....

Expiry date:.....

Dose required:.....

Time to be administered:.....

I undertake to ensure that the school has adequate supplies of this/ these medication(s).

I undertake to ensure that this/ these medication(s) supplied by me and prescribed by my child's doctor is/ are correctly labelled, in date, with storage details attached and that the school will be informed of any changes.

I understand that I am responsible for the collection of any medicine(s) left with school.

Signed (Parent/ Carer)..... Date.....

Print Name.....

Parents:

Please try to arrange administration at home wherever possible e.g. 3 times daily can be 8am; 3.30pm and 7.30pm.