



Medication Consent Form

Student's name		Date of birth	
Address			
Class			

Medication consent and full directions for use

Name of medication		
Dose		
Time to be given		
How is this taken? (e.g. Orally, via gastrostomy)		
Why is this medication required?		
First dose given at home?		First dose of a new medication must be given at home

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Dose		
Time to be given		
How is this taken? (e.g. Orally, via gastrostomy)		
Why is this medication required?		
First dose given at home?		First dose of a new medication must be given at home

Please continue onto another consent form if more than 2 medications are required.

Contact details of Parent / Guardian

Name	
Daytime telephone number	
Relationship to student	

Declaration

I request a member of staff administer the above medication/s. I will inform the school immediately of any changes to the medication. I understand that:

- All medication MUST have a pharmacy label attached
- The batch number and expiry date on the medication MUST match the information on the box
- Staff will only administer medication inline with the school's Medications Policy

Signed Date

Print Name