

Parent/Guardian/Carer consent to administer a Over-the-Counter (OTC) medicine during the school day

The school will not administer any medication to your child unless you complete and sign this form, and the school has a policy that the staff can administer medication.

Personal Information

Name and Address of School

Name of Child

Child's Date of Birth

Child's Form Class

Medical condition (if any)

Attach photo of
child here

Medicine Information

Name of Medicine

Amount of Medicine Received

Expiry Date on the original container

Time and Dosage of medication

Reason for Medication

Potential side effects

Procedures to take in an emergency

How long does your child need the medication for?

Medicines must be in the original container as dispensed by the pharmacy

Parent/Guardian/Carer Contact Information

Name

Daytime telephone number

Relationship to Child

I understand that I must deliver the medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give my consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of medication or if the medication is stopped.

Staff Signature

Staff Signature

Parent Signature

Parent Signature

/ /

Date