Medication Administration and Consent Form

This form must be completed and signed by a parent/carer before any medication can be administered by school staff. A separate form should be completed for each medication.

Child Details

Child Name	
Class/Form	
Medical Condition / Reason for Medication	

Parent / Carer Details

Parent/Carer Name	
Relationship to Child	
Mobile Number	
Alternative Contact Number	
Email Address	

Medication Details

Medication Name	
Prescribed By	
Medication Strength	
Expiry Date	
Dosage to be Given	
Method of Administration (e.g. oral, inhaler)	
Time(s) Medication Required at School	
Start Date	
End Date	
Storage Requirements	

Additional Instructions / Details

_____

_____

_____

Parent / Carer Consent

I request that the school administer the medication detailed above to my child. I confirm that I have provided accurate instructions and that the medication is supplied in its original container with the pharmacy label (where applicable). I understand that I must inform the school immediately of any changes to the medication or dosage. I agree to collect any unused medication and understand that the school may contact emergency services if considered necessary.

Parent/Carer Signature: _____ Date: _____

Print Name: _____

Medication Administration and Consent Form

School Use Only

Medication Received By: _____

Date Received: _____

Medication Returned / Disposed Of: _____

Date/ Time Medication Given	Administered by	Amount Given	Notes