# Short Term Medication Consent Form – Private and Confidential

The school will not give your child medicine unless you complete and sign this form according to the school’s Medicine in School Policy

PLEASE PRINT USING BLACK OR BLUE INK

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s name: |  | Date of Birth: |  |
| Parent’s name: |  | Child’s class: |  |
| Emergency contact telephone numbers: | 1. | 2. |
| Medical condition / illness: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of medicine | Dosage & method | Frequency / timings | Completion date (if known) | Expiry date of medication |
|  |  |  |  |  |
| Special precautions / instructions |  |
| Are there any side effects that the school needs to know about? |  |

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

Signature(s) Date

**Record of Administration of Medication**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date | Time | Dosage | Given by | Any reactions? |
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| --- | --- | --- | --- | --- |
| Date | Time | Dosage | Given by | Any reactions? |
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