

Medication Consent Form

Name of Child		Date of Birth	
Medical condition or illness			

Name of medication as it appears on the container	Expiry date	Date Dispensed	Dosage of medication	Time medication to be given in school

Special Precautions	
Any side effects that the school needs to know about?	

- I understand that I must deliver the medicine personally to Miss Britt and that medicines should be in the same container as dispensed by the pharmacy.
- The above information is to the best of my knowledge accurate at the time of writing and I understand that I must notify the school of any changes in writing.

Parent's Signature(s) _____ Date: _____

Emergency contact:

Name: _____ Relationship to Child: _____

Tel No. _____