

# MEDICATION CONSENT FORM



Reservoir Views Primary School

73 Hickford St

Reservoir 3073

Telephone (03) 9460 6995

Fax (03) 9469 4451

After School Care (03) 9460 3831

Email [reservoir.views.ps@edumail.vic.gov.au](mailto:reservoir.views.ps@edumail.vic.gov.au)

- Only prescribed medication will be administered by the school.
- Where possible, medication should be scheduled outside school hours, eg. Medication required 2 times a day is generally not required during a school day: it can be taken before and after school and before bed.
- Ensure that all sections of this form are completed correctly.

**Medication must be provided in its original packaging and clearly labelled with your child's name and dosage.**

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dates to be given: \_\_\_\_\_ Times to be given: \_\_\_\_\_

Dose: \_\_\_\_\_ (ie. how many mls, tablets, puffs etc)

How is this medicine administered?  Orally  Inhaled  Topically

Before Food  With Food  After Food  Does Not Matter

Does this medication require refrigeration?  Yes  No

## **Emergency Contacts:**

Parent / Guardian's Name: \_\_\_\_\_

Telephone No: (03) 9 \_\_\_\_\_ Mobile No: \_\_\_\_\_

Medical Practitioner's Name: \_\_\_\_\_

Telephone No: (03) 9 \_\_\_\_\_

***I hereby give my consent that this medication be administered to my child as I have directed above. I consent that medical attention may be sought for my child should it be deemed necessary.***

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ It is the parent/carer's responsibility to collect medication from the office.