**SCHOOL MEDICATION CONSENT FORM**

**PRESCRIBED MEDICATIONS AT HOME**

* This form must be signed by a doctor

**NON PRESCRIBED MEDICATIONS AT HOME**

* All medications must be in its original packaging and labelled with dosage and student’s name.
* Non prescribed medication will be administered by school staff with written authorisation by a parent / guardian.

Student’s Name: ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Medication to be given | Dosage at Home | Time at Home |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |

Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I realise that the administration of such medication, forms part of the Department’s common law duty of care to take reasonable steps to keep students sale while they attend school. This duty of care is fulfilled through its staff members.

Signature Parent / Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Administration Of Medication**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class: \_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Term: | Monday | Tuesday | Wednesday | Thursday | Friday |
| Admin | Checked | Admin | Checked | Admin | Checked | Admin | Checked | Admin | Checked |
| Week 1 |  |  |  |  |  |
| Week 2 |  |  |  |  |  |
| Week 3 |  |  |  |  |  |
| Week 4 |  |  |  |  |  |
| Week 5 |  |  |  |  |  |
| Week 6 |  |  |  |  |  |
| Week 7 |  |  |  |  |  |
| Week 8 |  |  |  |  |  |
| Week 9 |  |  |  |  |  |
| Week 10 |  |  |  |  |  |
| Week 11 |  |  |  |  |  |