



GRACE  
LUTHERAN  
COLLEGE  
EST.1978

## MEDICATION CONSENT FORM

I, the parent of, \_\_\_\_\_  
(Name of Student)

Year Level \_\_\_\_\_ Home Class \_\_\_\_\_

give permission for the first aid attendant or other staff member  
of Grace Lutheran College to assist my child with the administering  
of his/her medication \_\_\_\_\_

\_\_\_\_\_  
(Name and dosage of Medication)

*I acknowledge that it is my child's responsibility to present at the  
Health Centre to take his/her medication when it is required and that  
it is my responsibility to replace the medication when it reaches its  
expiry date.*

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents Name: \_\_\_\_\_  
(please print name)