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
ger of Grace Lutheran College to assist my child with the administering
d 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)