



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)