



Dear Parent/Carer

Medication Consent Form

We have trained staff who can administer prescribed medication to your child, provided the original named label is on the packaging and the information below is completed and signed.

I give permission for trained staff to administer the prescribed medication listed below to my child.

Medication Name	Time to be given	Dosage

Child's name _____ Class _____

Signed Parent /Carer _____ Date _____

Date	Time	Medication & Dosage	Administered By

Date	Time	Medication & Dosage	Administered By