

MEDICATION CONSENT

- * This form must be completed & signed before medicines can be administered to your child.
- * We cannot administer medication which contains **Ibuprofen or Aspirin** unless it has been prescribed by a doctor.
- * All medicine (except inhalers) must be deposited in the medical room, students are not permitted to carry them around within the school.
- * **Medication must be in its original box.**

STUDENT DETAILS		
NAME	TUTOR GROUP	
ADDRESS		
DATE OF BIRTH	M/F	
MEDICATION		
Name/Type OF MEDICATION (as described on the container)		
For how long will your child take this medication		
Date dispensed/Expires		
FULL DIRECTIONS FOR USE		
Dosage & Method		
Timing		
Special Precautions		
Side Effects		
Procedures to take in an emergency		
CONTACT DETAILS		
Name	Daytime Telephone no	
Relationship to the student		
Address (if different from above)		
Signed	Date	
(Person with parental responsibility)		