



ST ROBERT'S SCHOOL
13 NICHOLAS STREET
NEWTOWN 3220
Ph: 5221 1075, Fax: 5224 2836
(St Mary of the Angels' Parish, Geelong)

Medication Consent Form

I _____ wish the following medication
(Name of Parent/Guardian)

to be administered to my child :

Child's name _____

Grade _____

Class Teacher _____

Medication Name: _____

Times to be given _____

Dosage to be given _____

Recommended action if child's condition deteriorates _____

Emergency Contacts:

Parent/Guardian Ph. _____

Medical Practitioner's Name Ph. _____

Medical Practitioner Ph. _____

I hereby give my consent that this medication be administered to my child as I have directed here. I further consent that medical attention may be sought for my child should it be deemed necessary.

Signed: _____ Date ____/____/____
(Parent/Guardian)