



PARENTAL CONSENT FORM

FOR ADMINISTRATION AND STORAGE OF MEDICATION

Parental agreement on general administration of medication

Request to supervise the administration of medicines to my child

I confirm that my child requires the following medicines to be taken in accordance with medical advice.

Medicines	Where stored	Time Required	Amount	How given

Names of school staff authorised to give medication

Please indicate which of the following you would like the support school staff to carry out:

- a. Keep the medicines and assist my child/young person who will take the medication him/herself as detailed above. YES/NO
- b. Keep the medicine and supervise my child/young person to ensure that he/she takes the medicines as detailed above YES/NO

In making this request I accept full responsibility for my child/young person's welfare.

I agree that all medicines will be given to the carer in the original container.

Signed (Parent) Date

Decision by School

- a) I am willing/not willing to meet your request YES/NO
- b) I agree to establish a written record of action taken YES/NO
- c) I agree to make arrangements for the storage of medicine YES/NO

Signed (on behalf of School) Date