

TEMPLESTOWE VALLEY PRIMARY SCHOOL

MEDICATION CONSENT FORM

Student's Name

Year Level

Teacher

Name of Medication

Dates to be given

Amount to be given

Administration (either oral or inhalants).....

Emergency Contacts –

Parent/Guardian Phone

Medical Practitioner's Name

Medical Practitioner's Phone

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.

Signature of Parent/Guardian

Date:/...../.....

(Please note that this consent form also includes the administering of cough medications)

Please indicate if there are specific storage instructions for the medication:.....

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