



# **MEDICATION CONSENT**

**Student:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_

**Name of prescribed medication:** \_\_\_\_\_

**Prescribed for (name of medical condition):** \_\_\_\_\_

Please note: All medication needs to be in either the original packaging, OR a Webster-pak from the chemist.

**Prescribed dosage:** \_\_\_\_\_

**Time medication given:** \_\_\_\_\_

**Special storage requirements:** \_\_\_\_\_

**Instructions for administration (e.g. with a glass of water):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Carer signature: \_\_\_\_\_

Date: \_\_\_\_\_

Teacher signature: \_\_\_\_\_

Date: \_\_\_\_\_