



Student Medication Consent Form

Name of student:	Year level:	Date of birth:
Parent Name:	Contact Number:	

Please Note:

Wherever possible, medication should be scheduled outside the school hours, e.g. medication required three times a day is generally not required during a school day: it can be taken before and after school and before bed.

MEDICATION INFORMATION:

Medication Name	Medication Expiration	Indication Eg. For pain,for hayfever)	Dosage (2ml,5 ml)	How is it to be taken? (Orally,cream)	Required time of Administration

Additional information: (any other instructions for the school)

Medication:

- Medication is in its ORIGINAL PACKAGE
- Pharmacy label on medication Box matches the information included in this form

Parent name: _____

Parent Signature: _____

Date: _____



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MEDICATION LOG SHEET:

(To be filled out by the Sickbay Staff)

Medication Name	Date and time administered		Reason of administration	Dosage	STAFF Initials

*** **Record for cross checking:** Two staff member should check the information noted in this log if possible for appropriate safety measure.

Always check for the expiration date of the medication before administering to the Student.