

MILLAIS SCHOOL

Parental consent to administer prescribed medication

Millais School will only give your child medicine once you complete and sign this form. Schools are under no obligation to administer medication. Medicines must be in original container as dispensed by pharmacy and the manufacturer's instructions/Patient Information Leaflet must be included. Medicines are administered 12.35pm-1.15pm.

Name of Child:			Tutor Group:		
Medical					
Condition/Illnes					
Condition/ilines	SS				
Name/Type of	Medication	(as described on Container):			
Expiry Date:			Dosage:		
Time Medicine should			Can your child s	self-	YES / NO
be given:			administer?		
For how many days should		I modication be given?			
FOI HOW ITIATTY	uays silouic	i medication be given:			
Review Date for Form (no longer than 12 months from					
today's date)					
Special Instructions/Precautions:					
Are there any side effects that the school should be aware of:					
Procedures to	an emergency.				
Procedures to be taken in an emergency:					
Contact Details for Person with parental responsibility					
Name:					
Relationship to child:					
Daytime telephone no:					
Address:					
Address.					
I understand that I must deliver the medicine to the Medical Welfare Officer/First Aider at Millais School.					
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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Millais School staff to administer medicine in accordance with the school policy.					
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I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if					
the medicine is to be no longer to be given to my child.					
the medicine is	s to be no loi	iger to be given to my child.			
Signature:					
District					
Print name:					
Date:					

PLEASE RETURN THIS FORM TO MEDICAL WELFARE OFFICER