



Sir Harry Smith Community College

PARENTAL CONSENT FOR A CHILD TO RECEIVE MEDICATION IN SCHOOL

(Medication to be provided by the Parent/Carer)

Please use a separate form for each Medical Condition

Name of Child: _____ Date of Birth: _____

Name of Parent/Carer: _____

Home Telephone: _____ Work Telephone: _____

Mobile: _____

Medical Condition (reason for medication): _____

Medication prescribed by (please circle): Hospital / Doctor / or provided by the Parent/Carer

If medication is prescribed by a Doctor or the Hospital please provide their details including telephone number:

I consent to my child receiving the following medication in school for the condition listed above:

_____ Provided Dosage: _____ Expiry Date: _____

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- I undertake to ensure that the school has adequate supplies of this/these medication(s)
- I undertake to ensure that any medication(s) supplied by me and/or prescribed by my child's doctor/hospital are correctly labelled in their original packaging/container, in date, with storage details attached, and that the college will be informed of any changes.
- I undertake to ensure the school is kept fully informed of medical conditions with a letter or Care Plan from my child's Doctor.

***UNDER NO CIRCUMSTANCES WILL ANY MEDICATION BE PROVIDED BY THE COLLEGE.
ONLY MEDICATION SUPPLIED BY PARENT/CARER(S) IN THE ORIGINAL
PACKAGING/CONTAINER WILL BE ISSUED.***

Signed: _____ (Parent/Carer) Date: _____

Print Name: _____
