

St James Catholic Primary School

MEDICAL CONSENT FORM



PLEASE NOTE:

Where possible, student medication should be self-administered by the student or be administered by parents/guardians at home, at times other than during school hours.

If special arrangements are necessary for the school staff to administer medication or if the student requires monitoring after medication is given, then it is essential that the medical instruction/process be prescribed by your child's doctor.

If medication is to be administered by school staff, the following documentation is to be completed.

Child's Name:		Year Level/Class:	
Name of Medication:		Dose to be Administered:	
Time:		Duration of Request:	
Further comments and/or considerations: (specific monitoring, doctors instructions)			

I request staff of St James catholic Primary School, Nar Nar Goon to administer the above-mentioned medication to my child according to the instructions listed.

Parent/Guardian Name:	Signature (parent / guardian):	Date:
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FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:		
Is the medication consent form complete?	<input type="checkbox"/>	<input type="checkbox"/>
Is the original prescription label on the medication container or prepackaged and labelled for use by manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>
Is the full name of the child on the container?	<input type="checkbox"/>	<input type="checkbox"/>
Is the prescription or over the counter medication current?	<input type="checkbox"/>	<input type="checkbox"/>
Is the dose, name of drug, frequency of administration given on the label consistent with instructions above?	<input type="checkbox"/>	<input type="checkbox"/>
Staff Name:	Staff Signature:	