

CONSENT FORM FOR MEDICATION

I hereby authorise the staff at The Ponds School to give the following medication to my child:

NAME: _____

MEDICATION: _____

DOSAGE: _____

TIME TO BE GIVEN: _____

SHORT-TERM ☐ DURATION ON-GOING ☐ AS NEEDED ☐

INSTRUCTIONS FOR THE ADMINISTRATION OF MEDICATION:

I will notify the Principal in writing of any change of medication.

All medication **MUST** be contained in an official chemist's packaging with the appropriate instructions and dosage taken from the original prescription.

Signature _____

Date: _____

Parent/Caregiver