

**Medication Administration Consent Form**

If your child requires medication to be administered on an occasional basis, then you MUST complete the details below and return this form to the office as soon as possible.

We are unable to administer ANY medication to students without this form being completed.



Toby Stokes  
Principal

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**Medication Administration Consent Form**

I consent to my child (name): \_\_\_\_\_

being given (name of medication): \_\_\_\_\_  
by Crofton Downs Primary School Staff.

This medicine is to be given when (record symptoms):  
\_\_\_\_\_

The dosage is: \_\_\_\_\_

Parent/caregiver's name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

