



St Stephen's Primary School Administration of Medication Consent Form

I request that school staff administer the following medication to my child, if required, during school or school-related activities, as below.

Lodge this form and medication at the school office.

Student name			Date of birth		
Parent/carer name			Contact phone numbers		
Name of medication and treatment <i>[eg Amoxicillin – Viral infection]</i>	Dosage <i>[eg 1 capsule]</i>	Mode <i>[eg by mouth]</i>	Indications for use <i>[eg one capsule three times daily with food]</i>		
Amount of medication provided in total		Time of day for medication to be administered			
	<i>[eg 12 capsules in blister pack]</i>				
Start date		Finish date		Amount of medication remaining at finish date	
Name / contact No. of relevant Health Professional					
Parent/carer signature			Date		

Parent / guardian must collect any unused medications from the school.