



CHURCHER'S COLLEGE

CONSENT TO ADMINISTER MEDICATIONS FORM

All medications must be in their original packaging. The child's name, name of medication, frequency and expiry date must all be clearly legible.

Name of pupil:

Date of birth:

Name of medication:

Reason for medication:

Dose to be given:

Times to be given:

Any other instructions:

Parent/Guardian Name:
(please print)

Parent/Guardian
Signature:

Date:

The nurse / staff member reserves the right to refuse to give medication if the above is not adhered to. All efforts will be made to contact you.