



Mother Teresa Catholic College

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 give, then it is essential that the medical instruction/process be prescribed by your child's doctor.

If medication is to be administer 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 the designated First Aid Officer at Mother Teresa Catholic College to administer the above-mentioned medication to my child according to the instructions prescribed.

Parent/Guardian Name:	Signature (parent/guardian):	Date:
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FOR STAFF REVIEW PRIOR TO ADMINISTERING MEDICATION:

- Is the medication consent form complete?
- Is the original prescription label on the medication container or Pre-packaged and labelled for use by manufacturer?
- Is the full name of the child on the container?
- Is the prescription or over the counter medication current?
- Is the dose, name of drug, frequency of administration given on the label Consistent with instructions above?

Staff Name:	Staff Signature:
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