

### 3.6.2.5.3A Consent to Dispense Medicines & Inform Appropriate Staff

Related Policies: 3.6.2.5.3 Medication

**(information required only if your child will be needing medication administered whilst at school)**

**Parents are strongly encouraged to make full disclosure of their children’s medical condition so appropriate action may be taken in an emergency.**

I, .....  
[parent/guardian]

request .....  
[child name]

have medication dispensed to them on the following schedule:

Day or Date	Medication	Time	Dosage

**Reason for Medication:**

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**Parent/Guardian**

I can be contacted in an emergency on the following phone numbers

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**In an emergency requiring medical attention I authorise the school to contact:**

Doctor:

Name:

Phone Number:

Address:

**and/or to convey my child to the local hospital by appropriate transport which may be ambulance.**

..... on .....

[signed] [date]

This form to be placed in the child's file  
A copy will be placed in the "Medication Folder" in the office