



**MEDICATION CONSENT FORM**

Students Name	
Year Level / Grade	
Teacher's Name	
Name of Medication	
Dates to be given	
Times to be given	
Amount to be given	
Route of administration (only oral or inhalants apply)	
Where is medication stored?	
Person to Administer Medication	

**EMERGENCY CONTACTS**

Parent / Guardian name:	
Parent / Guardian phone No.:	
Parent / Guardian Mobile No.:	

I hereby give consent that this medication be administered to my child, as I have directed here. I further consent that medical attention may be sought for my child, should it be deemed necessary.

<b>Signature of Parent/Guardian</b>	
<b>Date</b>	