



Consent to

Dispense

Medicines

I _____ request my son/daughter _____
(Parent/guardian)
to be given _____
(Name of Medication)
at _____ in doses of _____
(times) (ml or tablets)
for the medical condition _____

I can be contacted in an emergency at _____

In an emergency requiring medical attention where I cannot be contacted, I
authorise the school to contact

Doctor _____
(Name)

(Address)

Telephone number _____

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

Signature _____ Date _____
(Parent/Guardian)