



## CONSENT TO DISPENSE MEDICATION

I, \_\_\_\_\_ request my young person: \_\_\_\_\_  
(Parent/caregiver name) (Full name)

of year: \_\_\_\_\_ to be given: \_\_\_\_\_  
(Name of medication)

at: \_\_\_\_\_ in dosages of: \_\_\_\_\_  
(Times)

In an emergency the school should contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Mobile: \_\_\_\_\_

*I verify the information provided above is true and correct. I understand that any medications must be provided in a pharmacy labelled container or Webster-pak which includes the student's name/dosage.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/caregiver who completed the form)

Note: If your young person is taking more than one medication, please complete an additional form for each medication.