



# Saint Ignatius College Geelong

*A Jesuit Partner School*

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## Medication Consent Form

**Name of Student:** \_\_\_\_\_

*Name on Enrolment Form*

Year Level:

Homeroom:

Teacher:

### Illness / Condition

Illness / Condition: \_\_\_\_\_

Name of Medication(s): \_\_\_\_\_

Dates/times to be given: \_\_\_\_\_

Amount to be given: \_\_\_\_\_

### Emergency Contacts

Parent / Guardian: \_\_\_\_\_

Phone:

Mobile:

Medical Practitioner's Name:

Medical Practitioner's Phone:

Ambulance Cover?  Yes  No (Please tick one)

Ambulance Membership number:

If you are not covered by Ambulance, do you give permission for us to ring the ambulance if we feel necessary?

Yes  No (Please tick one)

### Consent to Administer Medication and to Medical Attention

I hereby give my permission for this medication to 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent / Guardian)