# Medical Consent

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

|  |
| --- |
| ***Please note that students are required to hand in all medications to the Trip Coordinator, with the exception of Contraceptives, Asthma inhalers and Epipens. However, these must be recorded on the form below as in the event of a medical issue the School may be required to advise the details to medical professionals.*** |

**Current Medication Consent:**

My child is currently taking the following medications (prescription and non-prescription):

|  |  |  |
| --- | --- | --- |
| Name of Medication  | Dose and frequency | Condition or reason for taking |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Note: any prescription medication MUST:**

* be in the original pharmacy-labelled container
* have the **student’s** name on the label
* have the name of the medication, dose and when the medication should be given
* be within the expiry date (expiry date to be visible on label)

**I agree that my child can take with them, purchase in (Destination) or be provided with the following over the counter medications:**

|  |  |  |  |
| --- | --- | --- | --- |
| Medication Type | Y/N | Medication Type | Y/N |
| Electrolytes eg. Gastrolyte |  | **Travel sickness – eg. Travelcalm** |  |
| Anti-nausea  |  | **Charcoal Tablets**  |  |
| Antihistamine |  | **Analgesia (eg. Panadol or Nurofen)** |  |
| Anti-diarrhea eg. Immodium |  | **Anti-inflammatories (oral) – eg. Voltarin** |  |

**I agree that in the event of illness, staff or medical professionals may administer medications as required to assist in treatment and wellbeing of my child.**

Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_