

Medication Consent form and Medical Management Plan

YEAR LEVEL OF CHILD	<i>first name</i>	<i>surname</i>
PARENT/GUARDIAN NAMES	HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER
NAME OF EMERGENCY CONTACT	EMERGENCY CONTACT PHONE	MEDICARE NUMBER
NAME OF DOCTOR	DOCTOR PHONE	AMBULANCE SUBSCRIPTION #
MEDICAL CONDITION	DESCRIPTION OF CONDITION/ILLNESS: what symptoms normally present <i>and</i> when condition worsens	
MEDICATION RELATING TO THIS CONDITION	QUANTITY AND TIMES THAT MEDICATION MUST BE TAKEN – possible side effects if any	
EMERGENCY TREATMENT PROCEDURES (eg when asthma does not respond to medication)		
1		
2		
3		
4		
5		
NOTE: No medication can be given unless accompanied by this form		PARENT/GUARDIAN SIGNATURE
DESIGNATED MEDICATION ADMINISTRATOR	LOCATION MEDICATION KEPT	DATE SIGNED