



PGL MEDICAL CONSENT FORM 2026

Please complete a separate form for each medication your child will require during the visit.

Child's name:	
Medical condition/reason for medication:	
Known medicine allergies:	

Medication name:	
Dosage/amount to be given:	
Storage instructions: <i>For example: refrigerated, room temperature, kept with staff, or carried by child if agreed.</i>	

Time	Monday 12	Tuesday 13	Wednesday 14	Thursday 15	Friday 16

Additional instructions: <i>For example: take with food, take before/after activity, side effects to watch for, or what to do if a dose is missed.</i>	For example: take with food, take before/after activity, side effects to watch for, or what to do if a dose is missed.
Has the medication been prescribed?	Yes / No
Is the medication in its original packaging with pharmacy label?	Yes / No

Parent/carer consent: I give permission for school/PGL staff to administer the medication named above to my child in accordance with the instructions on this form. I confirm that the information provided is accurate and that I will inform the school of any changes before the visit.

Emergency consent: In the event of a medical emergency, I consent to appropriate first aid and/or emergency medical treatment being sought for my child if I cannot be contacted immediately.

Signed:	
Print name:	
Date:	