



Medical consent form

AFL Victoria staff will not administer any medication, including over the counter medication, to a child without written consent from a legal parent or guardian and authorised general practitioner.

Any medication taken to an AFL Victoria Holiday program must be accompanied by a medical consent form unless the medication remains with the child's parent/guardian for the duration of the program.

****All medication must be in the original container clearly labelled with the child's name and dosage requirements.***

PARENT/GUARDIAN TO COMPLETE (Please use a different form for each type of medication)	
Childs Name:	
Age:	
Medical condition:	
Medical treatment/ Medication required:	
Is the medication in your child's name?	
When should medication/treatment be administered:	
Dosage required:	
How to administer medication: (oral, spray)	
How often is medication required?	

I hereby authorise that the above information is accurate.

General Practitioner

Signature

Date

___/___/___

I authorise AFL Victoria staff to administer the following medication/medical treatment using the outlined plan if required.

Medication/treatment	Circumstances	Last administered (ie.2:30PM)

Parent/guardian

Signature

Date

___/___/___