





I give Permission for Life Choice staff to apply the following

Sun Protection lotion/Spray      Yes       No   
Insect repellent                      Yes       No

If no has been selected. I understand that I remove Life Choice staff and Life Choice as an Organisation from any Health related impacts this may have, both present and future.

I give Permission for Life Choice staff to support me to have the following injections under direction from my Medical Professional.

Annual Flu injection:                      Yes       No   
Depo Provera injection:                  Yes       No   
Covid 19 vaccination:                    Yes       No

I understand that it is my responsibility to advise Life Choice of any changes to Medication consents in this form. I understand should my circumstances change before my Medication consent review date that I will be required to complete a new Medication Consent form.

Participant/Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: / /

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Medication Administration consent form is to be reviewed every 2 years, unless changes have been advised by Participant/Parent/Guardian.

Review Date: / /