

Medication Form

I hereby authorise the Teacher in charge, to administer the following medication to my child. I have sent the medication in the original container displaying the instructions provided by the pharmacist.

STUDENT'S NAME:

GRADE:

MEDICATION:

DOSAGE:.....

DATES TO BE GIVEN MEDICATION:

TIMES TO GIVEN MEDICATION:

THIS MEDICATION REQUIRES REFRIGERATION YES NO

SIGNED: (Parent/guardian) DATE:

*This section is to be completed by a Staff Member
each time medicine is administered to a student.*

<i>DATE</i>	<i>STUDENT NAME</i>	<i>DOSE</i>	<i>TIME</i>	<i>ADMINISTERED BY STAFF MEMBER</i> <i>(Signature)</i>