

SCHOOL MEDICINE RECORD

I request that medication be given in accordance with the information below by a responsible member of the school staff who has received the relevant training. When necessary this treatment will be administered during educational visits and other out of school activities.

If more than one medicine is to be given a separate form should be completed for each.

Child's full name:	Class:								
Condition or illness:									
Name of medicine (as described on packaging):									
Expiry Date:									
Dosage and method:									
Timing/when to be given:									
How long will you child require this medication:									
Does it need to be kept in the fridge:									
Any other instructions/special precautions/side effects:									
Procedure to take in an emergency:									
Declaration:									
I understand that I must deliver the medication personally, labelled with the child's name and class, to the school staff and accept that this is a service which the school is not obliged to undertake.									
Signed (parent/guardian): Date:									
Emergency contact name & number: &									
Received by (school staff member): Date:									
Date									
Time given									
Staff signature									
Dosage									

Date	Dosage	Time	Signature	Date	Dosage	Time	Signature