

Child's Name: _____

Child's Date Of Birth: _____

Medication: Name and type (as described on the container)

Dose	Route	Time
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Special precautions/other instructions/side effects:

Self-administration (please tick)	Yes	No
Parent/Guardian Signature:	Print:	Date:

Medication: Name and type (as described on the container)

Dose:	Route:	Time:
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Special precautions/other instructions/side effects:

Self-administration (please tick)	Yes	No
Parent/Guardian Signature:	Print:	Date:

Medication: Name and type (as described on the container)

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Special precautions/other instructions/side effects

Self-administration (please tick)	Yes	No
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Special precautions/other instructions/side effects

Self-administration (please tick)	Yes	No
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Special precautions/other instructions/side effects:

Self-administration (please tick)	Yes	No
Parent/Guardian Signature:	Print:	Date:

Important Information:

All medication must be prescribed by the family GP or Hospital doctor. It should be clearly labelled indicating the contents, dosage and the child's name in **FULL**.

I understand that all medication must be handed directly to either the school's Health and Wellbeing Support Staff or Bus Escorts and that I must notify the school of any changes in writing.

It is parental responsibility to ensure that all medication sent in to school is within the manufacturer's expiry date. Health and Wellbeing Support Staff will also request medication as required.

It is parental responsibility to notify Health and Wellbeing of any changes to medication and also if any medication has been discontinued.