



Parent/Carer Instructions for Long/Short Term **Administration of Medicines**

PLEASE USE BLACK INK AND BLOCK LETTERS

1	Name of Child/Young Person	
	Name of medicine	
	Dose or doses	
	Time(s) of day to be given	

2	Name of family doctor	
	Address of family doctor	
	Phone number of family doctor	

Signature of parent/carer _____

Date _____

Signature _____

Date _____

