



MEDICATION IN SCHOOL

CHILD'S NAME:

CLASS:

NAME OF MEDICATION:

DOSAGE: **DATE TO BE GIVEN:**

TIME TO BE GIVEN: **TIME LAST GIVEN:**

DATE MEDICATION WAS ISSUED: **HOW LONG IS COURSE OF TREATMENT:**

POSSIBLE SIDE EFFECTS:

PARENT'S NAME:

CONTACT NUMBER:

CONTACT NUMBER:

SIGNATURE OF PARENT **DATE**

SIGNATURE OF MEMBER OF STAFF.