

The school will not give your child medicine unless you complete and sign this form.

Name of School

Name of Child

Date of Birth

Form

Medical condition/Illness

.....
.....

Name of medicine (as described on the container)

.....
.....

Date dispensed

Expiry date

Agreed review date to be initiated by

(member of staff)

Dosage and method

Timing..... Self Administrationq meE