



MEDICATION – PRIMARY STUDENTS

Form to be completed by parents of Primary students when leaving any medication with the Health Centre.

STUDENT NAME

YEAR

HOME GROUP/CLASS

My child is taking the medication Insert Name of Medication DOSE _____

and it needs to be taken at _____ AM/PM before/after food for the next _____ days

Please can the Class Teacher send my child to the Health Centre at Insert Time of Day

each day while taking the medication.

Parent Name

Parent Signature

Date

Note: A Copy to the Class Teacher