MEDICATION - PRIMARY STUDENTS

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

	STUDENT NAME			
	YEAR			
НОМ	E GROUP/CLASS			
My child is taking the	medication _Inser	rt Name of Medication	DOSE	
and it needs to be tak	en atAN	<u>//PM</u> before/after food for	the next	days
Please can the Class	Teacher send my c	hild to the Health Centre at	Insert Tim	e of Day
each day while taking	the medication.			
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Parent Name				
Parent Signature				
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Date				

Note: A Copy to the Class Teacher

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