

## **MEDICATION – SECONDARY STUDENTS**

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

TUDENT NAME				
YEAR				
GROUP/CLASS				
edication <u>Insert</u>	Name of Medication	DOSE _		
n at	before/after food fo	or the next _		days
e Health Centre at	Insert Time of D	ay		
ne medication.				
	YEAR  GROUP/CLASS  edication Insert 3  at  e Health Centre at	YEAR  GROUP/CLASS  edication Insert Name of Medication  at before/after food for the Health Centre at Insert Time of D	PEAR  GROUP/CLASS  edication Insert Name of Medication DOSE  n at before/after food for the next  the Health Centre at Insert Time of Day	YEAR  GROUP/CLASS  edication Insert Name of Medication DOSE  n at before/after food for the next  e Health Centre atInsert Time of Day

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