



## MEDICATION – SECONDARY STUDENTS

Form to be completed by parents of Secondary 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 \_\_\_\_\_ before/after food for the next \_\_\_\_\_ days

My child will report to the Health Centre at Insert Time of Day

each day while taking the medication.

Parent Name

Parent Signature

Date