



Administering Medication

This form is required to be completed should your child need medication administered by our School Nurse or teaching staff. This includes any medication administered on a needs-basis, for example allergies. Please complete the form and return it to the administration office.

There is room to include 2 different medications. If your child has more than 2 medications please complete a second form

Student Name	
Name of Medication 1	
Brief description of medication e.g. yellow tablet	----- -----
Reason for medication	----- ----- -----
Administration instructions Including dosage, frequency/time. Does the medication need to be taken with food? Any other relevant information.	----- ----- ----- -----
Parent Signature	
Parent Name	
Contact Number	



Name of Medication 2	
Brief description of medication e.g. yellow tablet	----- -----
Reason for medication	----- ----- -----
Administration instructions Including dosage, frequency/time. Does the medication need to be taken with food? Any other relevant information.	----- ----- ----- -----

Parent Signature	
Parent Name	
Contact Number	