



ADMINISTRATION OF MEDICINES IN SCHOOL (PRE-PREP)

Child's Name Form

Name of Medicine

Time of Next Dose

Dose

Condition or Illness

Please administer my child's medication as requested above for
.....days/until further notice.

I understand that I am responsible for collecting the medicine from the
school office at the end of the day.

Signed

Print NameDate

For staff use.

Date	Time when dose was given	Dose Given	Given By	Parent Acknowledgment