



# 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

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



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

<b>Parent Signature</b>	
<b>Parent Name</b>	
<b>Contact Number</b>	