

ARMADALE PRIMARY SCHOOL POLICY
SCHOOL No. 2634



ARMADALE PRIMARY SCHOOL
MEDICATION REGISTRATION FORM

This form should be submitted by the parent to the school office before 9.00am on the day medication is to commence.

NAME OF CHILD: _____

CLASS: _____ DATE OF BIRTH: _____

Current emergency contact telephone number during the day: _____

Medication Details

Name of Medicine: _____

Exact dosage: _____

Instructions (e.g. to be taken with water before/after lunch):

Probable length of treatment: _____

Parent's Signature: _____ Date: _____

Parents **MUST** provide:

Medication in exact single dosage. This is to be measured out at home and sent to the school office in a clearly named plastic container with a securely fitting screw-on lid (available from chemists) each day. This must be taken to the school office before 9.00am. The child will be given the empty container to take home at night.

STAFF USE ONLY

Date/Time	Dosage Administered	Signed (by administrator)