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

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<th>Date/Time</th>
<th>Dosage Administered</th>
<th>Signed (by administrator)</th>
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