



**CASTLEMAINE STEINER SCHOOL
& KINDERGARTEN**

Complete ONLY if medication required.

MEDICATION RECORD FOR:

- **MEDICATION, INCLUDING PANADOL AND HOMEOPATHICS MUST BE PROVIDED BY THE PARENT/GUARDIAN IN A LABELLED PLASTIC BAG.**
- **PLEASE FILL IN THIS MEDICATION SHEET IF YOUR CHILD IS TAKING ANY MEDICATION.**
- **WE CANNOT GIVE HOMEOPATHICS OR PANADOL WITHOUT A SIGNED MEDICAL SHEET.**

DATE	NAME OF MEDICATION	TIME/DATE CIRCUMSTANCES WHEN MEDICATION TO BE GIVEN	DOSAGE	TIME GIVEN	DATE GIVEN	DOSAGE GIVEN BY

I have provided the medication/s for my child.

I give my permission for these medications to be administered to my child.

SIGNED.....PARENT/GUARDIAN