

**\*Complete ONLY if medication required.\***

**MEDICATION RECORD FOR: .....**

- PLEASE FILL IN THIS MEDICATION SHEET IF YOUR CHILD IS TAKING ANY MEDICATION.
- MEDICATION, MUST BE PROVIDED BY THE PARENT/GUARDIAN IN A LABELLED PLASTIC BAG AND HANDED TO CLASS TEACHER BY PARENT. THE SCHOOL DOES NOT HAVE ANY MEDICATIONS ON HAND, NOR PROVIDE THESE TO STUDENTS.
- WE CANNOT GIVE HOMEOPATHICS, TOPICAL CREAMS/ LOTIONS OR PAIN RELIEF MEDICATION WITHOUT THIS SIGNED MEDICATION RECORD.
- STUDENTS ARE NOT TO CARRY OR SELF- ADMINISTER MEDICATION UNLESS IN FULL AGREEMENT BETWEEN PARENT AND CLASS TEACHER.

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**