



Student Medication Details

For School Year 2019

This Student Medication Details form is for those children that regularly have medication at school. This form should be completed if you wish the First Aid Officer to administer medication to you child.

PERSONAL INFORMATION

Name of Student.....

Name of Parent /Guardian.....

Home.....Work.....Mobile.....

Name of Doctor who prescribed medication.....

Doctors Phone number.....

MEDICATION DETAILS

Name of medication.....

Medical condition.....

Amount of medication required.....

Time/Times to be administered.....

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Parent Signature

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Date

Kennedy Road PO Box 322Pakenham 3810

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