

Details of Medication to be Administered

Name of Child: _____

Class: _____ DOB: _____

Home Address of Child: _____

Name and Address of GP: _____

_____ Tel No: _____

List of Prescribed Medicines

Name of Medication and Strength	Dosage	Frequency	Duration	Date to commence

Any other instructions: _____

Parent's Signature: _____

Print Name: _____

Doctor/Consultant Signature: _____

Prescriber's Stamp