



MEDICATION ADMINISTRATION FORM

Dear Parent/Guardian,

Please note that this form must be completed **and signed** by you, the student's parent/guardian, therefore we will not accept forms returned to us via email. This form should be handed to the School Nurse, to your child's class teacher or the school office with the medicine in a clearly marked container.

Thank you for your cooperation.

MEDICATION ADMINISTRATION INSTRUCTIONS					
Student's Name: _____					
Name of Medication: _____					
Dose: _____					
Time/s to be given: _____					
Day/s:	Mon	Tues	Wed	Thurs	Fri
Dates:					
OFFICE ADMIN : Administered by Staff Member :					

Parent/Guardian Signature: _____					
Date: _____					