



# MEDICINE INFORMATION

Parents/guardians are kindly asked to complete this form when bringing medicine into School to pass on to Matron (Prep) or Class Teachers (Pre-Prep). **All medicine should be in an original container, as dispensed by a pharmacist, clearly labelled with your child's name.**

Child's Name:		
	Child's Name	Child's Form
<b>Prescribed Medication (prescribed by a Healthcare Professional):</b> Dosage detailed by the Healthcare Professional		
<b>Medication (not prescribed by a Healthcare Professional):</b> Dosage requested by parent/guardian:		
Start date of course:		
Duration of course:		
Daily timings of course:		
Parent/guardian bringing in medicine		
Signature	Print Name	Date
Medicine received by:		
Signature	Print Name	Date