



PRESCRIBED 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).

Child's Name:		
	Child's Name	Child's Form
Medicine prescribed: Dosage detailed by the Medical Professional		
Medicine <u>not</u> prescribed: 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