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MEDICATION FORM

I hereby authorise the Teacher in charge, to administer the following medication to my child:

STUDENT'S NAME : _____

CLASS : _____

MEDICATION : _____

DOSAGE : _____

DATES TO BE GIVEN MEDICATION : _____

TIMES TO GIVEN MEDICATION : _____

SIGNED : _____ (Parent/guardian) DATE: _____

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*This section is to be completed by a Staff Member
each time medicine is administered to a student.*

<i>DATE</i>	<i>STUDENT NAME</i>	<i>DOSE</i>	<i>TIME</i>	<i>ADMINISTERED BY STAFF MEMBER (Signature)</i>