



# STUDENT MEDICATION ADVICE

PLEASE PLACE MEDICATIONS IN A  
**CLEAR PLASTIC BAG WITH THE CHILD'S NAME AND PCG.**

INSIDE THE BAG, PLACE THE MEDICATION (*in labelled boxes*) AND THIS MEDICATION FORM.

*Please note: unlabelled medicines will **not** be administered.*

**STUDENT'**

**PCG**

**Ailment**

**Name of medicine**

**Dosage**

**Time to be given**

**For** (*number of days*)

The **student** will administer their own medication.

**OR**

I request that a **School staff** member administer the medication.

**Comments**

Signature (*parent/carer*)

Date

(*dd/mm/yyyy*)

*Below to be completed by staff.*

DATE	TIME	MEDICATION & DOSAGE	ADMINISTERED BY:	WITNESSED BY: