



# STUDENT MEDICATION ADVICE

Medication and a completed copy of this form  
must be given to Student Reception.  
The medicine must be in a clearly labelled container showing:

NAME OF THE STUDENT  
NAME OF THE MEDICINE  
APPROPRIATE DOSE AND FREQUENCY

Unlabelled medicines will not be administered.

STUDENT \_\_\_\_\_  
Class \_\_\_\_\_  
Medical Condition \_\_\_\_\_  
Name of medicine \_\_\_\_\_  
Dosage \_\_\_\_\_  
Time to be given \_\_\_\_\_  
For (*number of days*) \_\_\_\_\_

The student will administer his/her own medication.

OR

I request that (*staff member*) \_\_\_\_\_  
Administer the medication.

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature (*parent / guardian*) \_\_\_\_\_

Date \_\_\_\_\_