PART 1 To be completed by the parent/guardian. If more than one medicine is to be given, a separate form should be completed for each.

CHILD'S NAME:								DoB:				FORM:		
Name of Med	dication	:												
Reason:													_	
Dosage:														
How often/W	/hen to	be give	en:										_	
Any other ins	tructio	ns:											_	
DECLARATION School Nurse understand the out of school a  I undertake to adult will carry I accept that w and that the emergency, bu	or a restant it manactivities or supply to school supply school sut I will to	sponsibly be ned as well as well as well and led to the screen or and led to the staff made as the sta	le mem cessary I as on the hool wi hand ov s in the ay, ther any such	the school	the school premicines in e secret the school as soon	ool stafent to be nises.  In their of tary at recool, the arrange as poss	f (who e carried original eception school se any middle.	has rec d out du properl n. staff sta nedical	eived a ring ed y labell nd in th aid con	ny nece ucationa ed cont ne positi	ainers, on of th	raining). and other which a ne paren ary in a	I er in t,	
Signed:													_	
Telephone nur	nber of	parent	or adult	to cont	act:								_	
Name of Doctor: Tel No:														
PART 2 To	be comp	oleted by	the Sch	iool Nurs	se or othe	er traine	d membe	er of stat	f.					
DATE														
DOSAGE														
TIME GIVEN														
SIGNATURE	1							1						