

STATES EDUCATION COUNCIL

INSTRUCTIONS FOR THE ADMINISTRATION OF MEDICINES IN SCHOOLS

The parent/guardian is reminded that the school must be notified immediately if there is a change in treatment.

Name of School:

Name of Pupil: Year

Name and address of
Parent/Guardian:

.....

.....

.....

Date:

Frequency of Treatment:

(This part can be filled in as per prescription instructions, or administration as required by parents – any details must be filled in fully on this form.)

Individual Requirements: (Please note if not applicable)

School staff agree to allow the use of this treatment in school on the understanding that you, the parent/guardian, agree to instruct your child on the use of the treatment during the school day.

Signed: (Parent/Guardian)

Date:

Date medicine given	Time medicine given	Who gave medicine