



ADMINISTRATION OF MEDICATION TO STUDENTS REGISTER

STUDENT NAME:		PHOTO IF DESIRED
CONDITION:		
DOCTOR:	PHONE NO:	
NAME OF MEDICATION:		
PHARMACIST:		PHONE NO:
METHOD OF ADMINISTERING THE MEDICATION:		
<i>Note the name of the parent/guardian who requested the medication administration.</i>		
Name: _____		
Relationship: _____ Contact phone no: _____		
Unused medication returned to carer: YES / NO (circle one)		