

REGULAR MEDICATION 2022

BATES DRIVE SCHOOL MEDICATION CONSENT FORM

Student's Name:

Class:

PRESCRIBED REGULAR MEDICATIONS AT SCHOOL

- ***This form must be signed by a doctor***
- ***All medications must be in the original packaging and labelled with dosage and student's name or supplied in a webster pack***
- ***All medication must be in a hard plastic container with a lid, also clearly labelled***

| Date prescribed | Medicine | Dose Number of tablets | Route | Time to administer |
|--|----------|---------------------------|-------|--------------------|
| | | | | |
| Special instructions: | | | | |
| | | | | |
| | | | | |
| Prescribing Doctor name and signature: | | | Date: | |

| Date prescribed | Medicine | Dose Number of tablets | Route | Time to administer |
|--|----------|---------------------------|-------|--------------------|
| | | | | |
| Special instructions: | | | | |
| | | | | |
| | | | | |
| Prescribing Doctor name and signature: | | | Date: | |