

The Ryde School

Issuing Medicine To A Child During School Time

Name: _____ Class: _____

Medical Condition: _____

Name of Medicine: _____ Dosage: _____

Dates and Times

Date: Mon Tues Wed Thurs Fri

Time: _____

Signature of Parent/Guardian _____

This form is to be completed by parent/guardian **prior** to medicine being given at school and each dose to be inserted daily at the prescribed time.

Date	Time	Dosage	Staff	Staff Witness