



KINROSS WOLAROI SCHOOL

Administration of Medication Advice

To be completed by Parent/Guardian:

Student's Full Name: _

Year:

Date of Birth:

Please provide a Doctor's letter detailing name of medication and dosage. Medication must be provided in a Webster pack from your preferred chemist or appropriate bottle for liquid medication.

1. Medical condition for which treatment is sought:

2. Medication to be administered during school hours:

Name of medication	Dosage	Time to be administered	Special Instructions
e.g. Amoxil	5 mls	8am, 12pm	Before food

3. Recommended restrictions to the day to day School activities:

4. Additional comments:

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date signed:

Daytime contact phone number: