

**Administration of Non-Prescribed Medication to a Student**

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| --- | --- | --- | --- |
| Student Name |  | Class |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication:  (Name) |  | Expiry | Date Received |  |
| Medical Condition:  (relating to medication listed above) |  | | Quantity |  |
| Storage Information |  | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Dosage |  | Time |  |
| Other information  (e.g. before food, after food, with lunch, etc) | | | |

**Details for Administration:**

|  |  |  |  |
| --- | --- | --- | --- |
| Parent Name |  | | Telephone Contact Number |
| Parent Signature |  | Date |  |