

## **Request for Administration of Medicine Form**

Name of child and class:					
Condition being treated:					
Name/ strength of medicine:					
Dosage instruction:					
Date/time medicine started:					
Date/dates to be given:					
Time/s to be given:					
Storage details:					
Medicine expiry date:					
Parent/Carer signature: Date:					
Staff's Signature:	Date:				

Date	Time	Dose	Staff Signature	Witness
		Administered	5	Signature