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Student Medication Information

Please note that medications given outside school hours need not be included on this sheet

Student Name	
D.O.B.	
Class	
Medical Condition name:	

Medication	Dosage	Times for Administration	Guidelines for Administration (before/after/with meals)	Storage (refrigerated)

Special Instructions for Administering the above Medication	
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Parent Name	
Parent Signature	
Date	

I hereby give my consent for the above to take place during school hours and while my child is under school supervision. I agree to take responsibility for the delivery of the medication in a webster pack (for long term medication dosages) to the school and ensuring that all medication is within the expiry date.

