



# ADMINISTRATION OF MEDICATION TO STUDENTS REGISTER

**SCHOOL:** St Mary's Primary School, 163 Palmerin St, Warwick, Q, 4370

<b>Student Name:</b>		<b>Photo if desired</b>	
<b>Condition:</b>			
<b>Doctor:</b>	<b>Phone No:</b>		
<b>Name of Medication:</b>			
<b>Pharmacist:</b>		<b>Phone No:</b>	
<b>Method of Administering the medication</b>			
<b>Dosage</b>	<b>Time</b>	<b>Date</b>	<b>Person who Administered Medication</b>
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**Principal's Signature:** \_\_\_\_\_

Complete the name of the Parent/Guardian who requested the medication administration.

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_

Unused medication returned to carer: YES NO *(please circle one)*

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<b>Dosage</b>	<b>Time</b>	<b>Date</b>	<b>Person who Administered Medication</b>
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