


Sandon Primary Academy: Administration of Medicine Form



Child's Name..... Class.....
Date.....

If your child needs to take medicine during school hours please complete the following information and give in to the school office.

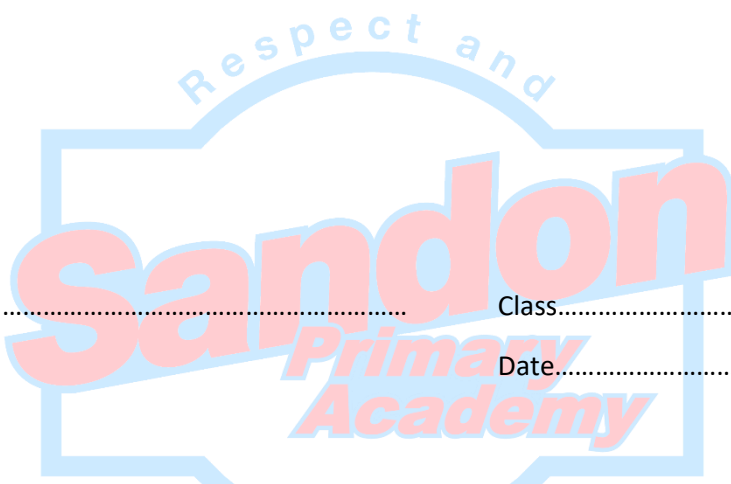
Please give my child his/her medicine as follows:

Type of Medication..... Dose.....
Time.....

Signed..... (Parent/Guardian)
Print Name.....

Contact Telephone Number.....

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