MERIDEN
AN ANGLICAN SCHOOL FOR GIRLS

Medication Form

STUDENT'S NAME

CLASS

NAME OF MEDICATION

DOSAGE TO BE GIVEN

REASON FOR MEDICATION

DATE/S MEDICATION IS TO BE GIVEN

TIME(S) MEDICATION IS REQUIRED

IS THIS MEDICATION REQUIRED FOR AN EXTENDED PERIOD OF TIME?

YES NO

IF YES, PLEASE SPECIFY UNTIL WHAT DATE, AND SEND IN ANY ACTION PLANS PROVIDED BY YOUR DOCTOR

SIGNATURE OF PARENT/GUARDIAN

DATE

SAVE CLEAR FORM SUBMIT FORM

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