



# St Bernadette's Primary School

## INSTRUCTIONS FOR THE ADMINISTRATION OF MEDICATION

Date: \_\_\_\_\_

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

Class: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_

\_\_\_\_\_

Dosage Required/Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

### School Use:

Received in original package:    Yes                      No

The pharmacy label matches the information included in this form:

Yes                      No

Staff Member: \_\_\_\_\_

Signature: \_\_\_\_\_