Bessemer Primary School Permission for Medicine at School

Please fill in this form if your child requires medicine during school hours.

The school can only administer medicine that has been prescribed by a doctor.

If there are any changes in the medicines or the amount to be given please tell us immediately.

Name of Child:			Class:					
Name of Medicine:				Dose to be administered:				
My child needs help to	take the medio	cine:		Yes	No			
Medicine needs to be s	ored in the fri		Yes No					
This medicine will need				Yes	No			
This medicine will need If yes please complete th		-	specific period:	Yes	No			
Day Please tick which days the medicine should be administered	Monday	Tuesday	Wednesday	Thursday	Friday			
Time/s								
Start date of medication End date of medication								
Any prescribed medicine Pharmacist) with the na This form should be rene term medication.	me of the med	icine, full instru	ctions for use, a	nd name of the pu	ipil.			
Parent/Carer Signature:								
Date:								

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SCHOOL USE ONLY

All doses taken in school hour will be recorded on the medicine chart below.

Monday		nday	Tuesday		Wednesday		Thursday		Friday	
Date										
	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign
AM										
PM										
	Mor	nday	Tuesday		Wednesday		Thursday		Friday	
Date										
	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign
AM										
PM										
	Mor	nday	Tuesday		Wednesday		Thursday		Friday	
Date										
	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign
AM										
РМ										
	Monday		Tuesday		Wednesday		Thursday		Friday	
Date										
	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign
AM										
PM										
	Mor	nday	Tuesday		Wednesday		Thursday		Friday	
Date										
	Time	Sign	Time	Sign	Time	Sign	Time	Sign	Time	Sign
AM										
PM										