



SENNEN PRIMARY SCHOOL MEDICINE POLICY

TO ALLOW THE TEACHER OR SUPPORT STAFF TO ADMINISTER MEDICINE AS STATED BELOW TO THE NAMED CHILD

Child's Name: _____

Medicine to be administered: _____

Dosage: _____

Time: _____

Signed by: _____

Date: _____

To be filled in by the teacher/support staff

Date _____

Time _____

Teacher _____

Witness _____

Date _____

Time _____

Teacher _____

Witness _____

Date _____

Time _____

Teacher _____

Witness _____

Date _____

Time _____

Teacher _____

Witness _____

Date _____

Time _____

Teacher _____

Witness _____

Date _____

Time _____

Teacher _____

Witness _____

Date _____

Time _____

Teacher _____

Witness _____