

SPECIAL MEDICINE REQUIREMENTS FORM

Only prescribed medicines may be administered by staff at ISCT. This letter gives the school permission to administer such medicine to my child if so required. This form needs to be completed each time this is required or at the beginning of each term for ongoing medication.

Child's Name: _____

Year : _____

Child's Age_____

Parent's/Guardian's Name_____

Parent's/Guardian's Signature_____

Date_____

Medical Information:

1.	Name of medicine :
2.	Indications (purpose):
3.	Dosage and administration instructions:
4.	Possible side effects:
5.	Special precautions:
6.	Expiry date :
7.	Syrup/pills/capsules etc:
8.	Quantity in container:
9.	Packaging:
10	Storage requirements: