

OVER THE COUNTER/SHORT TERM MEDICATION ORDER

PARENT TO COMPLETE

Parent/Guardians

Over the counter medication must:

- be supplied in the original container
- have dosage stated on the label
- have the expiry date clearly visible and not be expired
- dosage requested must not exceed the recommended dosage



Students Full Name _____

Date of Birth _____

Name of Medication _____

Dose Required _____

Reason for Medication _____

Details of Parent/Guardian requesting administration of the above medication

Full Name _____

Relationship to Child _____

Contact Number/s _____

Signature _____

Date _____

SCHOOL USE ONLY - NURSE /FIRST AIDER TO COMPLETE

DATE	TIME	MEDICATION	DOSE	SIGNATURE