



East Loddon P-12 College – Medications Form

Date: ___/___/___ Childs name: _____ Year/Class: _____

Name of medication: _____ Dosage: _____ Frequency: _____

Handling arrangements (eg. Refrigeration): _____

Other if applicable: _____

- The medication needs to be in original container
- Parents are to contact the school so that administration staff can expect the medication and can handle as required. The school has an answering machine for messages out of regular school hours.

Signed: _____ (Parent/Guardian)



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