CHILD'S DETAILS

Name		Grade							
Name of I	Med'n	Strength of Med'n							
Dosage (A	Amount to	be given) _							
Reason fo	or Medication	on							-
Date/Time to be given								Or 🗆 As	required
	have encl	n Date losed the N DETAILS	medic				To Date//_ nal packaging.		
Name I authorize	the staff of	Serpell P.S	S. to adn	ninister	medi	cation to	my child as detailed above) :	
Signature							tact No.	Date	
RECORD		IVEN (For s							
Date	Time	Dose	Tick when checked ✓ Correct Corr				Staff member administerin (Print name)	tering	Staff member administering
			Child	Med'n		Route			(Initial)
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