



ARCADIA PUBLIC SCHOOL

140 ARCADIA ROAD ARCADIA NSW 2159 TELEPHONE: (02) 9653 1207 FACSIMILE: (02) 9653 2697

MEDICATION INFORMATION FORM

Name of student	
Class	
Class Teacher	
Name of medication <i>Please include as much information as possible</i>	
Dose (eg 5mls or 1 puff)	
Dose time(s) <i>Please ask your doctor to avoid having to medicate at school more than once a day.</i>	
Parent/caregiver signature	
Name of parent/caregiver	
Date	

Medication to be in single dose only.