



Hamstel Medicines Form

Child's name _____ Class _____

Address _____

Date of Birth _____

Person giving permission for the administering of the medicine listed below:

Name _____ Parent / Carer / other adult (please specify) _____

Signature _____

Date	Name of person who brought medication in	Name of medication	Amount supplied	Form supplied E.g. tablet/capsule/ liquid	Expiry date (from pharmacist)	Dose and frequency	Received by:

The school will only accept non-prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

This form is to be completed when any non-prescribed medication is presented to school for this trip. It must be completed in ink, errors must not be written on or covered over.

Dosage instructions must not be tampered with and must be presented in their original state. Parents cannot alter the dosage. The medication must be labelled with the full name of the person it is intended for.

Unused medicines will be returned to the child's parent/carer.

