



St. Columba's Catholic Primary School

Form for Administration of Medication

*** Please note that the label on the container must match the instructions below ***

Child's name _____ Year Group _____

Child's address _____

Date of Birth _____ Tel. No. _____

G.P.'s name _____ Tel. No. _____

List of medicines

Name of Medication and strength	Dosage	Frequency	Duration	Date to commence

Any other instructions _____

Parent's / Guardian's Signature _____ Date _____