WOODVILLE PRIMARY SCHOOL
33-57 Warringa Crescent,
HOPPERS CROSSING, 3029
Telephone 9749 2770
Fax 9748 9870
Email woodville.ps@edumail.vic.gov.au

Medication Schedule

(for chronic illnesses or serious medical conditions please provide a Health Support Plan)

Name of Student: _____

Grade Level: _____ Teacher: _____ Room Number _____

Name of Medication(s): _____

_____

Administration:

Medication Name	Dates/Duration of medication	Storage requirements	Amount to be administered	Time(s) of administration	Comments/ Instructions (e.g. with food, with water

Instruction if medication is missed: _____

_____

Instruction if child refuses: _____

_____

Any additional Information: _____

Parent/Guardian Name (Please Print)_____

Parent/Guardian Signature _____ Date: / /

Contact Phone number(s) during school hours:

_____

***Office Use Only**: Doctor's letter OR Original prescription container sighted Yes/No*

Name: _____*Signature:* _____ *Date:* / /