

Cana Catholic Primary School

# TEMPORARY MEDICATION FORM

Child Name \_\_\_\_\_

Grade \_\_\_\_\_ is required to have the following medication administered at school.

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Until \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name of medication \_\_\_\_\_

Reason for medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time to be administered/applied \_\_\_\_\_ am/pm

Special instructions: (if medication requires being in the fridge, taken before, with or after food etc.)  
\_\_\_\_\_

Parent signature \_\_\_\_\_

**All medications are required to be in its original package with a measuring cup or spoon (if needed).**