Medication taken by students/staff

Date & Letter Home	Student/Staff Name	Reason Medication Required	Telephone number contacted	Contact for permssion for student's	Ask the student have they taken anything today *	Medication allowed	Dosage	Time Taken	Any reaction noted	Superivsing Adult (in capitals)

* It is important that students are asked if they have taken anything today/If Yes what time and did their paretns adminsiter it? Please duscuss this with parents.