



Medication Plan Document

Student Name:

Grade: Date of Birth:

Contact phone numbers

	Home	Work	Mobile
Father			
Mother			
Emergency			
Emergency			
Emergency			
Doctor			

Medication:

Name, strength.....

Dates of administration:

Starting date, finishing date/ongoing

Administration regime:

Times, dosage

Other medication at home:.....

Documentation attached:

Signature (parent/guardian):

Signature (school representative):