



# 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):** .....