

Student Medication – Parent/Legal guardian Supply & Return

Student Name:		Date of Birth:	
Class:			
Parent's/Legal guardian's Name/s:			
Contact details:			

Medication Receipt and Return										
Date	Medication	Qty	Supply (S) or Return (R)	Original packaging? <i>Expiry Date</i>	Pharmacy Label?	Documents checked?	Parent's/Legal guardian's name	Parent's/Legal guardian's signature	Staff name <i>(Must be S8 Safe Manager for Controlled Drugs)</i>	Staff signature
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