

MEDICINE ADMISSION FORM



Name of Child:	
Date:	

Name of medicine/s:

Why medicine is being given:

Time medicine was last given to child:	
Dose given at this time:	

Parent/ Guardian:	<i>I confirm that I have left the above medicine(s) with a GreenRoomCollective leader and give my permission for it to be administered as indicated below.</i>
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Parent/ Guardian Signature:		Date:	
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Parent/ Guardian Print Name:	
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Please complete the table below with details of when medicine/s should be administered, and dosage required (one row per medicine, per administration):

Date	Time to give medicine	Dosage required	Time med. administered	Dosage administered	GRC Signature	Parent/Guardian signature