



ENGADINE PUBLIC SCHOOL
1A Waratah Road, Engadine NSW 2233
PO Box 42, Engadine NSW 2233
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www.engadine-p.school@det.nsw.edu.au

Medication Update

Name: _____ Class: _____

Medication: _____

Dose: _____

Times administered: 1. _____

2. _____

Where taken:	School	Home
How taken:	Crushed	Crusher provided: yes/no
	Whole	with water / with juice – bring their own

Parent/Carer Signature _____

Date _____

IMPORTANT

Whenever your child's medication is changed by their doctor:

1. Please advise the Office immediately, so we can update our records and administer the correct medication to your child.
2. Provide a current chemist's label with the new medication details listed.
3. If taken at home, information about all medications taken is required in case of emergency/ambulance called to school.