

Dear Parents

We are updating our records with regard to the monitoring and administration of chronic medication.

Please complete the following form:

Child's Name:	
Date of last appointment:	
Name of Doctor visited:	
Medication prescribed:	
Dosage:	
Time medication is administered:	
Name of prescribing doctor:	
Repeat script issued by: (If applicable)	
Date of next appointment:	
Please indicate what, if anything, the school should be made aware of with regard to the child's medication.	