



St. Joseph's School

18 Thomas Street
PO Box 309
QUIRINDI NSW 2343

ABN: 61 320 227 437

Medication-Dispensing Guidelines
MEDICATION REGISTER
Appendix 1

Name of Student: Class:

Condition:

.....

.....

Symptoms:

.....

Treatment:

.....

Medication:	Dosage:	Time/s:

I give permission for a photo of my child to be displayed in the first aid area.

Signature: Date: