

MEDICINE ADMISSION FORM

Name of Child:

Date:



Name of Medicine/s:

Why medicine is being given:

Recommended dose required, and frequency:

Time medicine was last given to child:

Dose given at this time:

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.

Signed:

Date:

Print:

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	GR Signature	Parent/Guardian signature
