

Medication Withdrawal Form

I _____ have withdrawn my child's _____
(Parent/Guardian's Name) (Child's Name)
medication from Lindfield Activity Centre on this day ___/___/_____.

The Medication previously provided is _____.
(Medication Name)

Please circle the reason for the medication withdrawal:

MEDICATION EXPIRED

CHILD STOPPED ATTENDING CENTRE

CHILD RECOVERED FROM CONDITION

OTHER (please specify):

Parent/Guardian Name: _____ Signature: _____

Date: __/__/____