



Medication Provision Form

I _____ have provided Lindfield Activity Centre with
(Parent/Guardian's Name)
medication for my child _____ on this day ____/____/____.
(Child's Name)

The Medication provided is _____ and should be
(Medication Name)
provided in doses of _____ when my child is
(Dosage Amount)
suffering from **ASTHMA/ALLERGY/ANAPHYLAXIS** in accordance to
(Please Circle One)
the action plan attached (This is a legal requirement).

The Action plan was written out by Dr. _____
(Doctor's Name)
on ____/____/____.

Parent/Guardian Name: _____

Signature: _____

Date: ____/____/____

Parent/Guardian Name: _____

Signature: _____

Date: ___/___/___