

**NOTIFICATION OF CHANGE TO MEDICATION**

**To be completed by Parent/Guardian**

Name of Student: \_\_\_\_\_

Name of Prescribing Doctor: \_\_\_\_\_

Reason for change: \_\_\_\_\_

**MEDICATION DETAILS**

Condition Name	Common Medication Name(trade)	Generic Medication Name	Dosage	Time/s Of Admin	Special Instructions	Self – Admin Yes/No

**Signed:** \_\_\_\_\_  
**PARENT/GUARDIAN**

**Date:** \_\_\_\_\_