**Medication Dispensing Guidelines**

**MEDICATION REGISTER**  
Appendix 1

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Dosage:</th>
<th>Time/s:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature: ............................................. Date: ..................