



Flemington Primary School

Mt Alexander Road (PO Box 7), Flemington 3031

Tel: 9376 7137 / Facsimile: 9376 2230

CONSENT FOR MEDICATION

NAME OF CHILD:

GRADE:

Please provide details of medication, dosage, times, etc.

Medication:

Dosage:

Times:

MEDICATION IS ADMINISTERED AT 1.30PM ONLY

Comments:

Please note that ALL medicines are to be clearly labelled with your child's name and required dosage of medication.

I consent to school staff supervising the administering of the above medicines to my child.

Signed:

..... Date:

(Parent / Guardian)

Office Use Only Medication Administered

Date	Time Administered	Administered by (name)	Signature



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