

## Flemington Primary School Mt Alexander Road (PO Box 7), Flemington 3031 Telephone: 9376 7137 / Facsimile: 9376 2230

## **CONSENT FOR MEDICATION**

NAME OF CHILD:			GRADE:	
Please provide	details of medication, do	osage, times, etc.		
Medication:				
Dosage:				
Times:	MEDICATION IS ADMINISTERED AT 1.25PM ONLY			
Comments:				
Please note th	nat <b>ALL</b> medicines are to b	e clearly labelled with your child's name (	and required dosage of medication.	
I consent to sch	ool staff supervising the ad	ministering of the above medicines to my	child.	
Signed:		(Parent / Guardian)		
Date:				
Office Use On	1y			
Medicati	on Administere	d		
Date	Time Administered	Administered by (name)	Signature	