



St Augustine's Primary School

Osburn St, Wodonga Victoria 3690

Phone: (02) 6024 2711

Email: info@sawodonga.catholic.edu.au

Website: www.sawodonga.catholic.edu.au



AUTHORISATION TO ADMINISTER MEDICATION

I, _____ (Parent/Guardian) authorise a member of St Augustine's Primary School staff to administer the following medication to my child:

CHILD'S NAME: _____

NAME OF MEDICATION: _____

AMOUNT TO BE ADMINISTERED: _____

TIME TO BE ADMINISTERED: _____

DAY & DATE TO BE ADMINISTERED: _____

COMMENTS:

Parent/Guardian Name

Parent/Guardian Signature

Date: _____

**** Please note that all medication held at the school is to be kept in its original packaging with the child's name and required dosage clearly marked on the box/bottle.**