St Augustine's Primary School

Osburn St, Wodonga Victoria 3690
Phone: (02) 6024 2711
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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: _____

MEDICAL CONDITION: _____

NAME OF MEDICATION: _____

EXPIRY DATE OF MEDICATION: _____

AMOUNT TO BE ADMINISTERED: _____

TIME TO BE ADMINISTERED: _____

DAY & DATE TO BE ADMINISTERED: _____

COMMENTS: _____

_____

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.***