

# ST JOSEPH'S PRIMARY SCHOOL

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## CONSENT TO DISPENSE MEDICATION

I \_\_\_\_\_ request that \_\_\_\_\_  
*(Parent)* *(Child)*

be given \_\_\_\_\_ in dosages of \_\_\_\_\_  
*(name of medication)* *(ml or tablet)*

at \_\_\_\_\_ on \_\_\_\_\_  
*(times)* *(days/dates)*

for \_\_\_\_\_  
*(name of medical condition)*

In an emergency requiring medical attention I understand the school will contact 000 immediately.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_