

ST JOSEPH'S PRIMARY SCHOOL

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P.O. Box 248
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NARRANDERA NSW 2700

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: _____