



**ST JUDE'S PRIMARY SCHOOL**  
**CONSENT TO DISPENSE MEDICINE**

**Student's Name** \_\_\_\_\_ **Class** \_\_\_\_\_

I \_\_\_\_\_ give permission for my child  
*(parent/guardian)*

to be given \_\_\_\_\_  
*(name of medication)*

On \_\_\_\_\_ to \_\_\_\_\_ at \_\_\_\_\_  
*(date) (date incl.) (time)*

in dosages of \_\_\_\_\_ *(ml or tablets)*

for the medical condition \_\_\_\_\_

Please indicate if your child should be excluded from sporting activities –

Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_  
*(Parent/Guardian)* \_\_\_\_\_ *(Date)*

***NB: WE DO NOT STOCK PANADOL ON SCHOOL PREMISES***