



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

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

I \_\_\_\_\_ request my son/ daughter  
(parent/guardian)

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

On \_\_\_\_\_ at \_\_\_\_\_  
(date) (times)

in dosages of \_\_\_\_\_ for the medical condition \_\_\_\_\_  
(ml or tablets)

I can be contacted in an emergency at \_\_\_\_\_  
\_\_\_\_\_  
(place and phone number)

Please indicate if your child should be excluded for sporting activities

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

In an emergency requiring medical attention I authorise the school to contact

Doctor \_\_\_\_\_ Ph: \_\_\_\_\_  
(Doctor's name)

\_\_\_\_\_  
(Doctor's address)

and /or convey my child to the local hospital by appropriate transport which may be ambulance

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

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