



St Monica's Primary School

32 Francis Street Richmond 2753

Phone: (02) 4570 3700

MEDICATION ADVICE

I accept full responsibility and hereby give permission for school personnel to administer the following **prescribed medication**

(only medicines prescribed by a qualified Doctor can be administered by school personnel)

to my child _____ in Grade _____

the dosage being _____ and medication time

_____ and _____.

Date to be administered from _____ to _____ inclusive.

Please note that medication must be provided in the original packaging and proper dosage and/or measuring device supplied.

I understand that all care and consideration will be taken but that the school will not be responsible directly or indirectly and that no liability will be accepted.

In the event that medication needs to be altered, I understand that a Doctor's advice is to be submitted.

Parent/Guardian

Date

Principal