



**Jasper Road Public School**

Jasper Road

Baulkham Hills NSW 2153

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***Administration of Non Prescription Medication***

I give approval for the staff of Jasper Road Public School to administer

medication to my child \_\_\_\_\_  
(Full Name)

Details relating to dosages are as follows:

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time to be administered: \_\_\_\_\_

Date(s) to be administered: \_\_\_\_\_

Details about Dosage: e.g. (with milk, before food etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have notified the class teacher of my child's medication requirements concerning time to be administered and the dosage.

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

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