



Jasper Road Public School

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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

(Childs 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.

Parent/Carer Name: _____

Signature: _____

Date: _____