



Newport Lakes Primary School

Elizabeth Street, Newport 3015

Telephone: 9391 8942

CONSENT FOR MEDICATION

NAME OF CHILD:

GRADE:

Please provide details of medication, dosage, times, etc.

Medication:

Dosage:

Times:

Comments:

Please note that ALL medicines must be in original packaging, clearly labelled with your child's name and required dosage of medication.

I consent to school staff supervising the administering of the above medicines to my child.

Signed:
(Parent / Guardian)

Date:

Office Use Only

Medication Administered

Date	Time Administered	Administered by (name)	Signature