



## OCCASIONAL MEDICATION 2020

Dear Parent/Caregiver

Should your child require short-term medication during the year, please fill the form below or write in your child's communication book when required.

**Please keep medication / form at home until needed.**



## OCCASIONAL MEDICATION 2020

I give consent for my child/ward \_\_\_\_\_ to be given medication at school as shown below. I understand that either the class teacher or the appointed School Learning Support Officer will administer this medication.

MEDICATION \_\_\_\_\_

TIME/S \_\_\_\_\_

DOSE \_\_\_\_\_

DATE/S \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Parent/Guardian