Ballan Primary School

Principal: Mr Brian Reynolds
Phone: 5368 1072 Fax: 5368 1895

STUDENT MEDICATION REQUEST

To be completed by parent/guardian of a student requiring medication whilst at school.

I, _____ , Parent/Guardian of _____
advise the Principal of Ballan Primary School of the following medication which my child will require at school.

Name of Medication: _____ Dosage: _____

Time/s to be administered: _____

Symptoms associated with misuse, over-use or under use, if known, or, as indicated by the treating doctor:

_____

Date: / / Signature of Parent/Guardian: _____

Date: / / Signature of Principal: _____

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