



Permission to Administer Medication to Student

I _____ parent/caregiver give permission for the staff at Coolamon Central School to administer the medication listed below to my child _____ in Year _____

On a daily basis

Or

When required

Medication _____ Dosage _____

Time medication is to be given _____

Date permission given _____

Further information if needed: _____

Regards

Signature _____ Parent/Caregiver

Print Name: _____ Date: _____



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