

Coolamon Central School

Caríng ís Central

COOL WHOL

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	

 \Box On a daily basis

Or

□ When required

Medication	Dosage
Time medication is to be giv	en
Date permission given	
Further information if needed:	
Regards	
Signature	Parent/Caregiver
Print Name:	Date:

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Further information i	if needed:
Regards	
	Parent/Caregiver

Coolamon Central School

Print Name:_____ Date:

75 Methul Street, Coolamon NSW 2701 T (02)6927 3209 E coolamon-c.school@det.nsw.edu.au



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