

## WARRANWOOD PRIMARY SCHOOL 1 Wellington Park Drive, Warranwood 3134 Phone: 9876 6066 Fax: 9876 6122

warranwood.ps@edumail.vic.gov.au

## SHORT TERM / INFREQUENT MEDICATION FORM

eg. Antibiotics / Panadol

I authorise the teacher, nurse, office staff or OSHClub staff in charge to administer the following medication to my child:

Student's Name:	Grade:
Medication:	Dose:
Reason for Medication:	
Dates to be given:	
Times to be given:	
Signed:	(Parent/Guardian)
Date:	

## **RECORD OF TIME GIVEN (for school use only)**

Date	Time	Signature	Date	Time	Signature