



HOLY FAMILY CATHOLIC PRIMARY SCHOOL

Gathered In Love

ABN 31042998187

French Smith Place, Kelso PO Box 671 Bathurst NSW 2795

Phone (02) 6331 3279

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Website: www.holyfamilykelso.catholic.edu.au

ADMINISTRATION OF MEDICATION

PARENT REQUEST FORM

(Completed form to be kept on file in office.)

I, _____ the responsible parent / guardian
of _____ a student in Class _____
at Holy Family Catholic Primary School, hereby request the Principal to provide for
administration of medication during school hours.

I accept full responsibility in delegating administration of the medication to the School.

The medication to be administered was prescribed by:

Dr _____ On Date. _____

Medication: _____ Dosage: _____

Dates for Administration: _____

Times for Administration: _____

Other directions / precautions: _____

Signed: _____

Date: _____