



# HENSCHKE PRIMARY SCHOOL

105 Fernleigh Road  
Wagga Wagga NSW 2650

PO Box 7366  
Mount Austin NSW 2650

Phone: (02) 6925 1870  
Fax: (02) 6925 4824  
Email: [hp-info@ww.catholic.edu.au](mailto:hp-info@ww.catholic.edu.au)

---

---

## CONSENT TO DISPENSE MEDICINES 2017

I \_\_\_\_\_ request my son/daughter \_\_\_\_\_ in \_\_\_\_\_  
(Parent/Guardian) (Name) (Class)

To be given \_\_\_\_\_ at \_\_\_\_\_  
(Name of Medication) (Times)

On the following dates \_\_\_\_\_

In dosages of \_\_\_\_\_.  
(ml or tablets)

I can be contacted in an emergency at \_\_\_\_\_  
(Telephone numbers)

In an emergency requiring medical attention I authorize the school to contact

Dr \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address) (Telephone Number)

And/or to convey my child to the local Hospital by appropriate transport which may be Ambulance.

Signature \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_