



HENSCHKE CATHOLIC PRIMARY SCHOOL

2021 Consent to Dispense Medication

I _____ request my
(Parent/Guardian)

son/daughter _____ in _____
(Name) (Class)

To be given _____ at _____
(Name of Medication) (Times)

On the following dates:

In dosages of _____
(ml or tablets)

In an emergency please contact me on _____
(Telephone number/s)

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 _____